

# **EXHIBIT 5**

UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA

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CIV. NO. 18-2301 (JRT/KMM)

David W. Lynas, as Trustee for the  
next-of-kin of James C. Lynas,

Plaintiff,

vs.

Linda S. Stang, et al.,

Defendants.  
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VIDEO DEPOSITION TRANSCRIPT OF

ALYSSA PFEIFER

May 30, 2019

at

Caribou Coffee, St. Cloud West  
4135 West Division Street  
St. Cloud, MN 56301

Reporter: Jane T. Doby  
Registered Merit Reporter  
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<p style="text-align: right;">2</p> <p>1 APPEARANCES: 2 On Behalf of Plaintiff David W. Lynas: 3 Robert Bennett, Attorney at Law 4 rbennett@gaskinsbennett.com 5 Kathryn H. Bennett, Attorney at Law 6 kbennett@gaskinsbennett.com 7 GASKINS, BENNETT &amp; BIRRELL, LLP 8 333 South Seventh Street 9 Suite 3000 10 Minneapolis, MN 55402 11 12 On Behalf of the Sherburne County Defendants: 13 14 Jason M. Hiveley, Attorney at Law 15 jasonh@irc-law.com 16 IVERSON REUVERS CONDON 17 9321 Ensign Avenue South 18 Bloomington, MN 55438 19 20 On Behalf of MEN D Defendants: 21 22 Carolin J. Nearing, Attorney at Law 23 cnearing@larsenking.com 24 LARSON KING, LLP 25 30 East Seventh Street Suite 2800 St. Paul, MN 55101  Also Present: Jayme Hogan, Envision Video  NOTE: Pursuant to Minnesota Rule of Civil Procedure 30.06, the original transcript will be delivered to Gaskins, Bennett &amp; Birrell, LLP, the noticing party. NOTE: Exhibit No. 27 was marked for identification.</p>	<p style="text-align: right;">4</p> <p style="text-align: center;">EXAMINATION</p> <p>1 2 BY MS. BENNETT: 3 Q Ms. Pfeifer, I'm Kathryn Bennett. I'm 4 representing the plaintiff here. And we met briefly 5 before, but have you had your deposition taken 6 before? 7 A Nope. 8 Q So I just want to go over a few ground 9 rules to make it go a little smoother today for the 10 court reporter. 11 Try and let me finish my question before 12 you start answering. I'll try to give you the same 13 courtesy. Does that sound good? 14 A Absolutely. 15 Q And then use the English language. No 16 uh-huhs, uh-uhs, head shakes, so that she can get 17 down your answer. Sound good? 18 A Absolutely. 19 Q Okay. Where do you currently live? 20 A Otsego, Minnesota. 21 Q Did you grow up there? 22 A I've grown up in Minnesota. Maple Grove, 23 Champlin. 24 Q Okay. 25 A Otsego.</p>
<p style="text-align: right;">3</p> <p style="text-align: center;">PROCEEDINGS</p> <p>1 2 (The video deposition of ALYSSA PFEIFER was 3 commenced at 9:06 a.m. as follows:) 4 ALYSSA PFEIFER, 5 called as a witness, being first duly sworn, was 6 examined and testified as follows: 7 *** 8 VIDEOGRAPHER: This is the video deposition 9 of Alyssa Pfeifer. Today's date is May 30th, 2019, 10 and the time is approximately 9:06 a.m. 11 Would each attorney please state their name 12 for the record. 13 MS. BENNETT: Kathryn Bennett, for the 14 plaintiff. 15 MR. BENNETT: Robert Bennett, for the 16 plaintiff. 17 MS. NEARING: Carrie Nearing, for the MEN D 18 Defendants. 19 MR. HIVELEY: Jason Hiveley, for the 20 Sherburne County Defendants. 21 VIDEOGRAPHER: Thank you. 22 Would the court reporter please administer 23 the oath. 24 (Oath administered.) 25 THE WITNESS: Yes.</p>	<p style="text-align: right;">5</p> <p>1 Q Where did you go to high school? 2 A Heritage Christian Academy. 3 Q Where is that? 4 A Maple Grove, Minnesota. 5 Q Did you graduate? 6 A Yep. 7 Q What year? 8 A '08. 2008. 9 Q Did you receive any post-high school 10 education? 11 A Yes. 12 Q Can you walk us through that; where you 13 attended and what degrees you obtained? 14 A I went to Emmaus Bible College right out of 15 high school. Obtained my one-year Bible degree. And 16 then started working towards nursing prereqs. I was 17 there for two years, and then came back home. And 18 then -- that was down in Iowa. And came back home to 19 Minnesota and went to North Hennepin Community 20 College. Did my prereqs and then nursing program 21 there. 22 Q And when did you graduate? 23 A Two thousand -- 2013. 2013. 24 Q And that's your degree in nursing? 25 A Yes. Associate's in nursing.</p>

<p style="text-align: right;">6</p> <p>1 Q And when did you obtain your nursing 2 license? 3 <b>A That summer. Right -- right after I</b> 4 <b>graduated.</b> 5 Q So summer of 2013? 6 <b>A Yeah. Yeah.</b> 7 Q Do you have any restrictions on your 8 license? 9 <b>A Nope. No.</b> 10 Q Have you been involved in any disciplinary 11 hearings? 12 <b>A Nope. No.</b> 13 Q Did you participate in clinicals while you 14 were in nursing school? 15 <b>A I did.</b> 16 Q Can you walk us through those different 17 clinicals? 18 <b>A Yes. So I -- North Hennepin went</b> 19 <b>through -- a lot of mine was at North Memorial in</b> 20 <b>Robbinsdale. Did multiple different units there.</b> 21 <b>I went to HCMC for a mental health --</b> 22 <b>mental health clinical.</b> 23 <b>And then I did an opi rotation at Unity.</b> 24 <b>And I also went to a nursing home. I can't</b> 25 <b>remember the exact name of it. But it was a nursing</b></p>	<p style="text-align: right;">8</p> <p>1 <b>A Nope.</b> 2 Q Throughout your time in nursing school, did 3 you receive any education or training in a jail 4 setting? 5 <b>A No.</b> 6 Q How about in correctional medicine? 7 <b>A In nursing school?</b> 8 Q Correct. 9 <b>A No.</b> 10 Q And you are not a psychiatric nurse. Are 11 you? 12 <b>A As a specialty?</b> 13 Q Yes. 14 <b>A Like going to -- no, I don't -- nope.</b> 15 Q And you are not a qualified mental health 16 professional. Is that correct? 17 MS. NEARING: Objection. Calls for a legal 18 conclusion. 19 Answer, if you can. 20 <b>A No.</b> 21 BY MS. BENNETT: 22 Q Was that a no? 23 <b>A No.</b> 24 Q Sorry. 25 MR. BENNETT: It was a no?</p>
<p style="text-align: right;">7</p> <p>1 <b>home, and we also did that rotation.</b> 2 Q And how long were those rotations? 3 <b>A It was all -- I don't know. They were all</b> 4 <b>different. Just depending. You -- why don't you --</b> 5 <b>sorry.</b> 6 Q Well, let's take the HCMC one in the 7 psychiatric unit. How long was that rotation? 8 <b>A If I remember correctly, it was around four</b> 9 <b>different -- I think four shifts that we went down</b> 10 <b>there. Four or five.</b> 11 Q How long was a shift? 12 <b>A A full eight-hour -- or -- we were there --</b> 13 <b>we weren't there, I guess, for the exact shift. I</b> 14 <b>mean, we had our own hours that we would go to the</b> 15 <b>clinicals for. And I was -- I did day shift when I</b> 16 <b>was there.</b> 17 Q So was that about a week of time spent 18 there? 19 <b>A Yes. But it was two days at a time that we</b> 20 <b>would go, and it was different weeks.</b> 21 Q So four shifts total? 22 <b>A I can't remember exactly how many. But we</b> 23 <b>had several clinical dates there.</b> 24 Q And did you have any other mental health 25 clinicals?</p>	<p style="text-align: right;">9</p> <p>1 <b>A Can you repeat what you were saying?</b> 2 BY MS. BENNETT: 3 Q You are not a qualified mental health 4 professional. Are you? 5 <b>A No.</b> 6 Q Within your time in nursing school, did you 7 receive training and education in detoxification? 8 <b>A Yes.</b> 9 Q Can you describe that? 10 <b>A In nursing school we went over symptoms of</b> 11 <b>chemical withdrawal and intoxication. And reading in</b> 12 <b>our book.</b> 13 <b>(Reporter requested clarification.)</b> 14 <b>A And reading in our nursing book in regards</b> 15 <b>to the subject.</b> 16 BY MS. BENNETT: 17 Q Did you ever -- were you ever involved in 18 treating anyone going through withdrawals while in 19 nursing school? 20 <b>A Nope.</b> 21 Q And in nursing school, did you have 22 experience giving mental health or suicide risk 23 assessments? 24 <b>A Yes.</b> 25 Q Can you describe your experience in nursing</p>

<p style="text-align: right;">10</p> <p>1 school with regard to both of those assessments?</p> <p>2 <b>A So at my rotation at HCMC, it was on Orange</b></p> <p>3 <b>8. If it's changed, I don't know. But that meant a</b></p> <p>4 <b>locked up mental health unit. And I have done</b></p> <p>5 <b>suicide risk assessments there, just because of the</b></p> <p>6 <b>setting.</b></p> <p>7 <b>And for the patient's sake, they can't --</b></p> <p>8 <b>you can't do a whole lot jumping in. But you go</b></p> <p>9 <b>alongside the nurses and either shadow them, and they</b></p> <p>10 <b>would have -- have you do some assessments. You</b></p> <p>11 <b>couldn't take, like, your own patient for the day,</b></p> <p>12 <b>like you would at a normal clinical, just because of</b></p> <p>13 <b>the setting is a little different there. But --</b></p> <p>14 Q So you are --</p> <p>15 <b>A I would have done my own assessments</b></p> <p>16 <b>alongside the nurses there.</b></p> <p>17 Q So you're always with someone else who's</p> <p>18 there to help you through those assessments at the --</p> <p>19 at least at the rotation at HCMC?</p> <p>20 <b>A No. I would have done assessments on my</b></p> <p>21 <b>own too.</b></p> <p>22 Q How often, during that --</p> <p>23 <b>A During a shift?</b></p> <p>24 Q Yeah.</p> <p>25 <b>A You do -- we did one suicide.</b></p>	<p style="text-align: right;">12</p> <p>1 <b>that opportunity arose.</b></p> <p>2 Q And what position were you hired for in</p> <p>3 August of 2014?</p> <p>4 <b>A RN.</b></p> <p>5 Q And is that the position you held on the</p> <p>6 date of the incident that brings us here today?</p> <p>7 <b>A Yes.</b></p> <p>8 Q November, 2017?</p> <p>9 <b>A (Witness nods.)</b></p> <p>10 Q And which jails did you work at in November</p> <p>11 of 2017?</p> <p>12 <b>A Only Sherburne County.</b></p> <p>13 Q Have you worked at other jails for MEnD?</p> <p>14 <b>A Nope.</b></p> <p>15 Q And through MEnD, did you receive training</p> <p>16 in detoxification and withdrawal care?</p> <p>17 <b>A Yes.</b></p> <p>18 Q Can you describe that?</p> <p>19 <b>A It would be annual training. And they</b></p> <p>20 <b>covered everything we need to know for the</b></p> <p>21 <b>assessments, symptoms, our process of what we do to</b></p> <p>22 <b>manage a patient in withdrawal.</b></p> <p>23 <b>And then I believe it was twice at a</b></p> <p>24 <b>nursing conference -- at least once -- we had, one of</b></p> <p>25 <b>the topics was withdrawal.</b></p>
<p style="text-align: right;">11</p> <p>1 Q One per shift on your own?</p> <p>2 <b>A Yep.</b></p> <p>3 Q And are those checked by people above you?</p> <p>4 <b>A Yep. They'd -- checked by my nursing</b></p> <p>5 <b>instructor and the nurse responsible for that patient</b></p> <p>6 <b>for that shift.</b></p> <p>7 Q Did you ever use the Diagnostic and</p> <p>8 Statistical Manual of Mental Disorders, the DSM-5,</p> <p>9 while doing those suicide risk assessments or any</p> <p>10 mental health assessments?</p> <p>11 <b>A Can you repeat that?</b></p> <p>12 Q During any of those assessments, mental</p> <p>13 health or suicide risk assessments, were you using</p> <p>14 the DSM-5 and walking through the five axis?</p> <p>15 <b>A No.</b></p> <p>16 Q And now switching over. You were hired by</p> <p>17 MEnD in August of 2014. Is that correct?</p> <p>18 <b>A Yes.</b></p> <p>19 Q How did you hear about MEnD?</p> <p>20 <b>A I found -- on Indeed. It was a job listing</b></p> <p>21 <b>on Indeed.</b></p> <p>22 Q Did you always see yourself in correctional</p> <p>23 medicine?</p> <p>24 <b>A Going out of nursing school, I did not know</b></p> <p>25 <b>what -- where I was going to go with my career. And</b></p>	<p style="text-align: right;">13</p> <p>1 Q And as a nurse with MEnD, what exactly can</p> <p>2 you do for the management of patients in withdrawal?</p> <p>3 <b>A So what we would do is a chemical</b></p> <p>4 <b>withdrawal assessment. And depending on that score,</b></p> <p>5 <b>it would kind of depend where you go further. A lot</b></p> <p>6 <b>of things came into play initially. If it was going</b></p> <p>7 <b>to be initiated, what -- depending on a urine drug</b></p> <p>8 <b>screen, symptoms, their score. The whole picture.</b></p> <p>9 <b>And to get somebody off of that, you'd have to have</b></p> <p>10 <b>three scores under 10, and not on a withdrawal</b></p> <p>11 <b>medication. It would have to be rescored after that.</b></p> <p>12 <b>So there was a whole process set in place</b></p> <p>13 <b>to take somebody all the way through their withdrawal</b></p> <p>14 <b>and --</b></p> <p>15 Q So as I take --</p> <p>16 <b>A -- monitor. Sorry.</b></p> <p>17 Q Sorry. I didn't mean to interrupt you.</p> <p>18 <b>A We would also -- they would also be on a</b></p> <p>19 <b>chemical withdrawal watch, either a 15 or a</b></p> <p>20 <b>30-minute. And it could be anywhere from daily to</b></p> <p>21 <b>multiple times a day, assessments, depending on where</b></p> <p>22 <b>the patient's at.</b></p> <p>23 Q And then did you, likewise, have training</p> <p>24 in mental health and suicide risk assessments through</p> <p>25 MEnD?</p>

<p style="text-align: right;">14</p> <p>1     <b>A Did I have?</b> 2     Q Yes. 3     <b>A Yes.</b> 4     Q Can you describe that? 5     <b>A Again, that was, I believe, annual training</b> 6     <b>we did at the jail. Went through symptoms, risk</b> 7     <b>factors. It was a whole presentation regarding</b> 8     <b>things we need to be aware of to identify somebody</b> 9     <b>needing mental health.</b> 10    Q And what are those risk factors that you 11    learned about? 12    <b>A There's many. But their previous suicide</b> 13    <b>risks -- or previous suicide attempts; being under</b> 14    <b>the influence; their situation. There's -- there's</b> 15    <b>several.</b> 16    Q And by "their situation," do you mean if 17    they've been faced with a new legal issue? 18    <b>A That would be a factor, yes.</b> 19    Q Maybe where they're housed in the jail? If 20    they're in isolation or -- 21    <b>A That wouldn't have been.</b> 22    Q How about things occurring in their 23    personal life? You know, any troubling phone calls, 24    et cetera? 25    <b>A Yes.</b></p>	<p style="text-align: right;">16</p> <p>1     <b>between all three.</b> 2     Q Yeah. Let's go through all of them. 3     <b>A So as a seven-day nurse, you were the</b> 4     <b>book-in nurse. And you -- and process medications,</b> 5     <b>and handle patients coming in through booking,</b> 6     <b>booking sheets. Primarily, that was your duties.</b> 7     <b>And then you help out and do other things too, but...</b> 8     <b>and if you need help, you ask for it.</b> 9     <b>Five-day nurse was kind of the clinic flow.</b> 10    <b>You would kind of manage patients coming in down to</b> 11    <b>the clinic because you have multiple medical</b> 12    <b>providers: Mental health, RNs and LPNs. Everybody</b> 13    <b>is seeing patients. You kind of manage getting the</b> 14    <b>patients to the clinic, and seeing patients yourself.</b> 15    <b>And the three-day just supported the</b> 16    <b>five-day of seeing patients. Some housing, housing</b> 17    <b>units.</b> 18    Q And where is the clinic located in the 19    jail? 20    <b>A It would be the northwest side.</b> 21    Q And what is the clinic setup? 22    <b>A They have a clinic lobby, and enters into</b> 23    <b>clinic hallway down to exam rooms. And then from</b> 24    <b>that hallway into the nursing station. And there's</b> 25    <b>two just doors out of the lobby. The other door goes</b></p>
<p style="text-align: right;">15</p> <p>1     Q How about those in the early stages of 2     withdrawal? 3     <b>A Yes.</b> 4     Q And then those suffering from depression? 5     <b>A That would be a risk factor, yes.</b> 6     <b>(Reporter requested clarification.)</b> 7     <b>A That would be a risk factor, yes.</b> 8     BY MS. BENNETT: 9     Q And were you hired as a full-time RN? 10    <b>A Yes.</b> 11    Q So how often were you at the jail per week? 12    <b>A We worked a seven shift. Two days off,</b> 13    <b>three days on, two days off, five days on.</b> 14    Q So what does that average per week? 15    <b>A A 40-hour. 80 even -- evened out to 40</b> 16    <b>hours.</b> 17    Q And can you describe your job duties as a 18    RN with MEND? 19    <b>A We have three different roles that the RNs</b> 20    <b>would do. And depending on which section you were:</b> 21    <b>The seven-day, the five-day, or the three-day.</b> 22    <b>Do you want me to go through all three?</b> 23    Q Is there one that you worked, or did you 24    work all three -- 25    <b>A I worked all three. We all rotated</b></p>	<p style="text-align: right;">17</p> <p>1     <b>into the start of, like, the nurses station. There's</b> 2     <b>dental exam rooms. And then from then there's a med</b> 3     <b>passer room, RN station. Behind the RN station is</b> 4     <b>the medical provider, supervisor station and mental</b> 5     <b>health. They all share the room.</b> 6     <b>And then the other way throughout the RN,</b> 7     <b>for the RN station, is -- there was the clinical</b> 8     <b>assistants and then the med preparation room.</b> 9     Q And who was the medical provider there at 10    the jail in November of 2017? 11    <b>A Janell.</b> 12    Q And who was the supervisor? 13    <b>A Diana VanDerBeek.</b> 14    Q And who was the mental health provider? 15    <b>A Michael Robertson.</b> 16    Q And how often were they each at the jail? 17    <b>A Who?</b> 18    Q Janell, Diane -- Diana, and then Michael 19    Robertson? 20    MS. NEARING: Objection. Foundation. 21    You can answer, if you know, of course. 22    <b>A Typically, it was Monday through Friday.</b> 23    BY MS. BENNETT: 24    Q For all three? 25    <b>A Yeah.</b></p>

<p>18</p> <p>1 Q Have you been certified by the National 2 Commission on Correctional Health Care? 3 <b>A What is it? Can you repeat that?</b> 4 Q Have gotten any certification through the 5 National Commission on Correctional Health Care, 6 CCHP? 7 <b>A I think -- yes. The CCHP. That's the only</b> 8 <b>one.</b> 9 Q When did you receive that? 10 <b>A Let's see. Would have been -- so it's</b> 11 <b>2017.</b> 12 <b>I believe it was 2016.</b> 13 Q Did you receive the advanced CCHP 14 certification or any specialty certification? 15 <b>A No. I did -- no -- the -- the basic one.</b> 16 Q And for the -- just moving back, just a 17 bit. For the three-day nurse that you're supporting 18 the five-day nurse; so you're in clinic if you're 19 assigned -- or if you're the three-day nurse? 20 <b>A Oh, yeah. All -- yeah. All three in the</b> 21 <b>clinic, but...</b> 22 Q And you resigned from MEnD shortly after 23 this incident. Correct? 24 <b>A Yes.</b> 25 Q In -- on November 22nd of 2017?</p>	<p>20</p> <p>1 <b>that's needing RN assistance for. I am also care</b> 2 <b>team support, so I support the providers and their</b> 3 <b>CMA's with just managing patients' care and reaching</b> 4 <b>out to them.</b> 5 Q What types of -- 6 <b>A (indiscernible) teaching.</b> 7 COURT REPORTER: What teaching? 8 <b>A Patient teaching.</b> 9 BY MS. BENNETT: 10 Q And why did you leave North Memorial 11 Hospital? 12 <b>A It was a personal decision. With Crohn's</b> 13 <b>disease, it was -- the level of acuity of those</b> 14 <b>patients on that unit was not something where I</b> 15 <b>wanted to be long term. And the stress level. So</b> 16 <b>for personal reasons, I chose to leave.</b> 17 Q Is that a Level 1 trauma center? 18 <b>A Yes.</b> 19 Q And what type of issues are you dealing 20 with at the family practice clinic? 21 <b>A What do you mean by "issues"?</b> 22 Q I mean, are you seeing people with sinus 23 infections, ear infections? What type of issues? 24 <b>A No. I am a triage nurse.</b> 25 Q Oh. That's right.</p>
<p>19</p> <p>1 <b>A Yes.</b> 2 Q And did the incident have anything to do 3 with your resignation? 4 <b>A No.</b> 5 Q Why did you resign? 6 <b>A I had taken a position at North Memorial</b> 7 <b>Hospital. And it was brought to me. And so I -- I</b> 8 <b>wasn't actively looking for a job. This came -- this</b> 9 <b>opportunity came to me.</b> 10 Q And did the position at North Memorial fit 11 more of what you wanted to do as a nurse in your 12 career? 13 <b>A I thought it did at the time. And I didn't</b> 14 <b>stay there very long. I ended up taking a position</b> 15 <b>at a -- where I'm currently at. Clinic. A family</b> 16 <b>practice clinic as a triage RN. And care team</b> 17 <b>support (indiscernible).</b> 18 COURT REPORTER: And what? 19 <b>A Care team support RN.</b> 20 BY MS. BENNETT: 21 Q Can you describe what you do there at the 22 family practice clinic? 23 <b>A I triage patient symptoms, primarily over</b> 24 <b>the phone. And then support walk-in patients, any</b> 25 <b>emergencies or anything that ends up in the clinic</b></p>	<p>21</p> <p>1 <b>A Those -- the patients see the provide --</b> 2 <b>the doctors and nurse -- nurse practitioners as well.</b> 3 Q Do you understand what brings us here 4 today? The incident regarding James Lynas that 5 occurred in November of 2017 at the jail? 6 <b>A Yes.</b> 7 Q Did you have conversations with Defendant 8 Todd Leonard regarding than incident? 9 <b>A Not regarding this incident, no.</b> 10 Q How about with Crystal Waagmeester? 11 <b>A Nope.</b> 12 Q Do you know if either Dr. Leonard or 13 Crystal ever saw James Lynas while he was at the 14 Sherburne County Jail? We can take Dr. Leonard 15 first. In November of 2017, do you know if 16 Dr. Leonard ever saw James Lynas? 17 <b>A Not that I'm aware of.</b> 18 Q And then in November of 2017, did Crystal 19 Waagmeester ever see James Lynas? 20 <b>A Not that I'm aware of.</b> 21 Q Have you ever had any conversations with 22 any correctional officers regarding the suicide of 23 James Lynas? 24 <b>A Can you repeat that? Have I had what?</b> 25 Q Conversations with any correctional --</p>

<p style="text-align: right;">22</p> <p>1     <b>A No.</b></p> <p>2     Q -- officers?</p> <p>3         How about any RNs?</p> <p>4     <b>A No.</b></p> <p>5     Q Any of your supervisors?</p> <p>6     <b>A Nope.</b></p> <p>7     Q Did you attend the debriefing?</p> <p>8     <b>A Yes.</b></p> <p>9     Q Who led that debriefing?</p> <p>10    <b>A I don't know his name. The -- the -- so</b></p> <p>11 <b>they did a debriefing right away. Then that was led</b></p> <p>12 <b>by, like, admin. But I did not speak in it. It was</b></p> <p>13 <b>more of just -- right after. You just come together.</b></p> <p>14 <b>Any incident. And then there was one, I believe it</b></p> <p>15 <b>was the Saturday after, they had an outside person</b></p> <p>16 <b>come in. I don't know his name off the top of my</b></p> <p>17 <b>head. But he didn't go through details. It was more</b></p> <p>18 <b>of how to process, of emotions and things like that.</b></p> <p>19     Q And by an admin person, was it a MEnD</p> <p>20     admin?</p> <p>21    <b>A No. Jail.</b></p> <p>22     Q So outside of those debriefings you</p> <p>23     attended, you just never talked to anyone at the jail</p> <p>24     or from MEnD about the incident?</p> <p>25    <b>A Nope.</b></p>	<p style="text-align: right;">24</p> <p>1             And you've seen those types of infectious</p> <p>2     disease screening forms before?</p> <p>3     <b>A Yes.</b></p> <p>4     Q And are those typically filled out by</p> <p>5     medical personnel at the jail or by a correctional</p> <p>6     officer?</p> <p>7     <b>A A correctional officer, I've seen them do</b></p> <p>8 <b>that with a patient. And I've -- or with an inmate.</b></p> <p>9 <b>And an inmate has also done them, circled them on</b></p> <p>10 <b>their own. I've seen them done both ways.</b></p> <p>11     Q And you filled out many forms yourself for</p> <p>12     James Lynas during his stay at the jail in November</p> <p>13     of 2017. Correct?</p> <p>14             MS. NEARING: Objection. Vague as to</p> <p>15     "many."</p> <p>16     BY MS. BENNETT:</p> <p>17     Q You can answer.</p> <p>18     <b>A The forms that I filled out. That's the</b></p> <p>19 <b>only forms that I filled out for him.</b></p> <p>20     Q Had you had any contact with James Lynas</p> <p>21     prior to November of 2017?</p> <p>22    <b>A Can you repeat the question?</b></p> <p>23     Q Did you have any contact with James Lynas</p> <p>24     prior to November of 2017?</p> <p>25    <b>A Yes.</b></p>
<p style="text-align: right;">23</p> <p>1     Q And who was the medical director in</p> <p>2     November of 2017?</p> <p>3     <b>A Dr. Leonard.</b></p> <p>4     Q And who -- and the medical provider was</p> <p>5     Janell?</p> <p>6     <b>A At Sherburne County.</b></p> <p>7     Q And do know if Janell ever saw James Lynas</p> <p>8     in November of 2017?</p> <p>9     <b>A Not to my knowledge.</b></p> <p>10    Q Do you know if Michael Robertson ever saw</p> <p>11    James Lynas in November of 2017?</p> <p>12    <b>A Not to my knowledge.</b></p> <p>13    Q Who performs the infectious disease</p> <p>14    screenings for inmates?</p> <p>15    <b>A What do you mean by "infectious disease</b></p> <p>16 <b>screening"?</b></p> <p>17    Q Have you ever reviewed any infectious</p> <p>18    disease screenings from at your -- during your time</p> <p>19    at the Sherburne County Jail?</p> <p>20    <b>A In regards to, like, the booking sheet? Is</b></p> <p>21 <b>that what you're talking about?</b></p> <p>22    <b>Oh.</b></p> <p>23    Q Showing you what's been marked --</p> <p>24    <b>A Sorry. Yes. That's mine.</b></p> <p>25    Q -- as Exhibit 18.</p>	<p style="text-align: right;">25</p> <p>1     Q Can you describe what can you recall from</p> <p>2     those interactions?</p> <p>3     <b>A Can I view my notes? Or may -- can I</b></p> <p>4 <b>review my --</b></p> <p>5     Q I can show you.</p> <p>6     <b>A My -- eMDs documentation.</b></p> <p>7     Q Showing you Exhibit 22, which is a flow</p> <p>8     sheet, chemical withdrawal flow sheet, for James</p> <p>9     Lynas from July of 2017.</p> <p>10    Does your handwriting appear on that</p> <p>11    document?</p> <p>12    <b>A Yes. Yes.</b></p> <p>13    Q And you scored him a 5 for chemical</p> <p>14    withdrawal. Is that correct?</p> <p>15    <b>A Yes.</b></p> <p>16    Q On July 6th?</p> <p>17    <b>A Yes.</b></p> <p>18    Q And then can you -- you also wrote, you</p> <p>19    know, more of a narrative at the bottom portion in</p> <p>20    your own handwriting. Right?</p> <p>21    <b>A Yes.</b></p> <p>22    Q Can you walk us through that note?</p> <p>23             So it starts out, "Patient denies nausea,</p> <p>24             vomiting or diarrhea." Right?</p> <p>25    <b>A Correct.</b></p>



<p style="text-align: right;">26</p> <p>1 MR. BENNETT: Can you just read it slowly 2 into the record so we can -- 3 THE WITNESS: Oh. Sure. I can do that. 4 Patient denies nausea, vomiting or 5 diarrhea. Reports eating and sleeping well. Reports 6 intestines are starting to rumble, but no issue yet. 7 Calm and cooperative. Skin dry. Sat still in chair. 8 Clear speech. Steady, even gait. Patient teaching 9 completed on lower tolerance of opioid -- OPI -- and 10 risks of going back to previous dose. Patient 11 teaching on importance of staying hydrated. 12 Recommended patient seek medical care on outside if 13 released from court today due to patient thinks he 14 will be released today. Patient verbalized 15 understanding and agreed he would follow up with 16 primary clinic -- primary clinic and the RN to see 17 tomorrow. 18 BY MS. BENNETT: 19 Q And then you also saw -- or also made a 20 note on the 7th, noting that he had been released on 21 the 6th as he had thought would happen. Is that 22 right? 23 A Correct. 24 Q And do you recall, as you sit here today, 25 this interaction with James Lynas?</p>	<p style="text-align: right;">28</p> <p>1 there's health assessments. Do you have access to 2 those handwritten documents? 3 A Yes. So those are completed by medical. 4 Q And then -- 5 A Personnel. 6 Q Okay. And do you have access to, like, the 7 booking sheets that are -- that would -- which are 8 completed by correctional officers? 9 A Yes. We have access to booking sheets. 10 Q And then you also have access to the eMDs 11 records, which are the electronic forms filled out by 12 medical? 13 A Yes. 14 Q And are those medical records, both through 15 eMDs, and then the handwritten documentation by other 16 medical providers, to be looked at by you to help 17 with contin -- the care of an inmate? 18 A Yes. We review them to look at a full 19 picture of a patient. 20 What's -- 21 Q And you -- 22 A I'm sorry. What's pertinent to the 23 situation. 24 Q And are MEnD employees expected to convey 25 information about inmates to other MEnD employees</p>
<p style="text-align: right;">27</p> <p>1 A This interaction? 2 Q Yes. 3 A No. 4 Q Did you have any interactions with him that 5 you are aware of, as you sit here today, prior to 6 July of 2017? 7 A That I remember? 8 Q Yes. 9 A Yes. 10 Q Before July? 11 A Before this date? 12 Q Yes. 13 A No. 14 Q Okay. So everything that you recall 15 occurred after this July -- 16 A Yes. 17 Q -- interaction? 18 And as a nurse at MEnD, do you have access 19 to forms filled out by other providers within the 20 MEnD system at the Sherburne County Jail as well as 21 correctional officers? 22 A What do you mean by "forms filled out by 23 correctional officers"? 24 Q So, like, there was a flow sheet from you; 25 there's, you know, suicide risk screening forms;</p>	<p style="text-align: right;">29</p> <p>1 taking care of that same inmate? 2 MS. NEARING: Objection. Overly broad as 3 to "information." 4 You can answer. 5 A Can you repeat the question? 6 BY MS. BENNETT: 7 Q Yes. 8 Are MEnD employees expected to convey 9 information about inmates to other MEnD employees 10 taking care of that inmate? 11 A Yes. We communicate with each other, 12 passing along pertinent information. 13 Q And how is that done? 14 A Various of ways, depending on what shift 15 you're on and what day of the week it is, whether 16 it's an in-person pass-on or an email pass-on. 17 That's just more of a basic communication, a shift 18 pass-on. 19 Q Was your first interaction with James Lynas 20 in November of 2017 on the 5th? 21 A My first interaction for that 22 incarceration? 23 Q Yes. 24 A Yes. 25 Q And prior to your interaction with James</p>

<p style="text-align: right;">30</p> <p>1 Lynas on the 5th, did you -- or prior to or during 2 your interaction with him, did you review any of the 3 handwritten medical records or the eMDs records? 4 <b>A Can I review my eMDs note?</b> 5 Q As you sit here today, you don't recall if 6 or what you reviewed? 7 <b>A I -- let's see. I don't recall exactly at 8 the time what I would have had in hand. But I would 9 have had for sure the BD -- Beck -- Beck depression 10 and whatever I was able -- whatever would have been 11 in his chart. Because his paper chart, also within a 12 note, is what I would have looked at prior to talking 13 to the on-call provider to have a full picture of 14 what I was presented to her.</b> 15 Q Did you have James Lynas fill out the -- 16 <b>A No.</b> 17 Q -- Beck -- or Beck Depression Inventory? 18 <b>A Can you repeat the question?</b> 19 Q Were you the person who had James Lynas 20 fill out the Beck Depression Inventory? 21 <b>A No.</b> 22 Q Who did that? 23 <b>A Who had him fill it out?</b> 24 Q Yes. 25 <b>A Who gave it to him?</b></p>	<p style="text-align: right;">32</p> <p>1 <b>to do it. We can't make them do it.</b> 2 Q So it could take them ten minutes. It 3 could take them three days. 4 <b>A Yep.</b> 5 Q It doesn't matter to you? 6 <b>A Well --</b> 7 MS. NEARING: Objection. Misstating her 8 testimony. 9 BY MS. BENNETT: 10 Q Well, if they don't have to -- they don't 11 have to fill it out? 12 <b>A We can't make them.</b> 13 Q So they don't have to fill it out? There's 14 no criteria making them fill it out? Is that... 15 <b>A No.</b> 16 Q Is that correct? 17 <b>A Of making them fill it out? No. Yeah, not 18 that I'm aware of.</b> 19 Q And then they can take however long to do 20 so? If they choose to fill it out. 21 <b>A Correct.</b> 22 Q Correct? 23 And so MEnD really doesn't care one way or 24 the other if it's filled out and the information that 25 can be obtained from the Beck Depression Inventory?</p>
<p style="text-align: right;">31</p> <p>1 Q Yes. 2 <b>A The patient? Or -- Jen. I believe it was 3 the -- Jen Thompson. Not the health assessment. Or 4 her interaction.</b> 5 Q So that's something that he's given and 6 taken -- or gets to take back and fill out, and then 7 it's scored at a later date? 8 <b>A Correct. You get -- it's sent -- it's 9 explained, it gets sent back with them. It's up to 10 them when they choose to fill it out.</b> 11 <b>Most commonly, it's given to med passers 12 during med pass. And they -- med passers can have a 13 quick glance out of it. They see higher scores, 14 they'll immediately flag an RN, or as soon as they're 15 able to, so that it's not waiting longer than it 16 needs to, if it's a higher -- higher score one. And 17 then they bring it back to the clinic and the RN 18 proceeds with the process of what we need to do with 19 the form.</b> 20 Q Why is it, then, that an inmate gets to 21 decide when they fill out the Beck Depression 22 Inventory? 23 <b>A That is just our processes. They are able 24 to -- give it to them, and they are able to fill it 25 out when they are ready to do it. If they even want</b></p>	<p style="text-align: right;">33</p> <p>1 MS. NEARING: Objection. Misstating the 2 testimony and the record. 3 <b>A I'm -- can -- what -- can you clarify what 4 you're asking?</b> 5 BY MS. BENNETT: 6 Q So if they don't have to fill out it and 7 there's no deadline for filling it out, through 8 MEnD's policy would it appear that they don't care if 9 it's filled out or what information can be obtained 10 from this? 11 MS. NEARING: And same objection. 12 <b>A It's, again, it's up to the patient to fill 13 out.</b> 14 BY MS. BENNETT: 15 Q Is this something, the Beck Depression 16 Inventory score of an inmate, that you personally as 17 a RN with MEnD cared about? 18 <b>A Yes.</b> 19 Q Was it important information to obtain? 20 <b>A Yes.</b> 21 Q In a timely fashion? 22 <b>A I had not, at this incarceration, seen this 23 patient. At the time that was another RN meeting 24 with him at that point. This is when I came in, on 25 this incarceration, came into my first interaction</b></p>

<p style="text-align: right;">34</p> <p>1 with him. I care about all of my patients. 2 Q Did you care if any particular inmate 3 completed a Beck Depression Inventory? 4 MS. NEARING: Objection. Overly broad, 5 nonspecific hypothetical. 6 MR. BENNETT: It's not a hypothetical. 7 BY MS. BENNETT: 8 Q You can answer. 9 <b>A What is your question? Can you repeat</b> 10 <b>that?</b> 11 Q Did you care if any particular inmate 12 completed a Beck Depression Inventory? 13 <b>A I care about a -- the well-being of all the</b> 14 <b>patients. It's up to them to fill out on their -- on</b> 15 <b>their end, if they want to seek that help. And we</b> 16 <b>want to help anybody that's willing and needing</b> 17 <b>mental health help, and medical help. All together.</b> 18 Q So is it up to the inmate to request mental 19 health care? 20 <b>A They can.</b> 21 Q But if they don't have to fill any -- 22 MR. BENNETT: Answer the question. 23 BY MS. BENNETT: 24 Q If they don't have to fill anything out, 25 and you're saying that that's how you would know if</p>	<p style="text-align: right;">36</p> <p>1 it out and seek the mental health help that they... 2 (Sotto voce communication between 3 plaintiff's counsel.) 4 BY MS. BENNETT: 5 Q So if you're not enforcing them to fill it 6 out, you don't really care if any inmate completes -- 7 MS. NEARING: Objection. This is -- 8 BY MS. BENNETT: 9 Q -- the Beck Depression Inventory? 10 MS. NEARING: -- just argumentative. 11 MR. BENNETT: Just answer the question. 12 MS. NEARING: Asked and answered. 13 MR. BENNETT: She didn't answer the 14 question. 15 MS. NEARING: She answered the question. 16 MR. BENNETT: She did not. 17 MS. NEARING: She cares about every 18 patient. 19 MR. BENNETT: That doesn't -- that 20 doesn't -- 21 BY MS. BENNETT: 22 Q Are they patients or inmates, to you? 23 <b>A They're patients.</b> 24 Q I think you called them "inmates" before. 25 Would that be mistaken?</p>
<p style="text-align: right;">35</p> <p>1 they needed mental health care, isn't that they would 2 have to present and ask for it? 3 <b>A On our health assessment, that's one of the</b> 4 <b>things we screen, when we have a health assessment.</b> 5 <b>If they're -- it's offered. It's also told to the</b> 6 <b>inmate that it's also available.</b> 7 <b>If, when you're doing that health</b> 8 <b>assessment and things come up that the patient's</b> 9 <b>reporting, you can -- at any point, I can always go</b> 10 <b>to a mental health provider, if I have -- if they</b> 11 <b>aren't even asking for help or anything like that,</b> 12 <b>but I have concerns as a nurse, from my judgment,</b> 13 <b>nursing judgment, I can always go to a mental health</b> 14 <b>professional, or mental health provider, and present</b> 15 <b>him my concerns. If a -- if a patient is not</b> 16 <b>actively seeking and I have concerns about that.</b> 17 Q And again, did you hear if any particular 18 inmate completed a Beck Depression Inventory? 19 MS. NEARING: Asked and answered. 20 MR. BENNETT: It wasn't answered. 21 MS. NEARING: It was answered just now. 22 MR. BENNETT: It wasn't answered. 23 MS. NEARING: Go ahead. 24 <b>A Again, I care about all patients. If they</b> 25 <b>have -- if they have given it, we want them to fill</b></p>	<p style="text-align: right;">37</p> <p>1 <b>A They're both. When we were -- typically</b> 2 <b>when I refer to them through medical, if -- you're</b> 3 <b>referring to the patient. On the jailhouse side,</b> 4 <b>when they're interaction -- they're interaction is an</b> 5 <b>inmate. But they're both a patient and inmate. We</b> 6 <b>treat -- they are patients no matter what.</b> 7 Q I want to go back to this Beck Depression 8 Inventory and how it was that it came to you. 9 You said that a med passer can pick up a 10 completed Beck Depression Inventory and bring it back 11 to the clinic. Is that what happened in this case? 12 <b>A Oftentimes, they give -- give them --</b> 13 <b>that's their -- three times a day when med pass --</b> 14 <b>med cart goes around, that's their more frequent</b> 15 <b>option, to return it to the clinic. And the med</b> 16 <b>passers quickly, if they can, score them just to make</b> 17 <b>sure. If they have -- saw that there's some</b> 18 <b>higher -- higher scored answers. And then they</b> 19 <b>return it to the clinic and let us know if they see</b> 20 <b>one that's higher than 40. And we still do our own</b> 21 <b>scoring of it as an RN.</b> 22 Q So how was it that the Beck Depression 23 Inventory for James Lynas was brought to you? 24 <b>A It was returned from the med -- the med</b> 25 <b>pass. Then the med passer returned it.</b></p>

<p style="text-align: right;">38</p> <p>1 Q Which med passer?</p> <p>2 <b>A I don't recall.</b></p> <p>3 Q And is this being returned to you what</p> <p>4 prompted your further interaction with James Lynas on</p> <p>5 November 5th, 2017?</p> <p>6 (Sotto voce communication between</p> <p>7 plaintiffs counsel.)</p> <p>8 BY MS. BENNETT:</p> <p>9 Q Being the Beck Depression Inventory?</p> <p>10 <b>A Yes.</b></p> <p>11 Q So once you received that from the med</p> <p>12 passer, then you engaged in the rest of your</p> <p>13 interaction, both with James Lynas and then moving</p> <p>14 along to Crystal Waagmeester. Is that correct?</p> <p>15 <b>A Correct.</b></p> <p>16 <b>Well, first it was Crystal that received</b></p> <p>17 <b>it, scored it. It was above 40. Contacted provider.</b></p> <p>18 <b>She wanted further informa -- so reviewing what I had</b></p> <p>19 <b>currently on the patient, in his chart. Reviewing</b></p> <p>20 <b>that with her. She wanted further information, for</b></p> <p>21 <b>me to meet with him. So then I proceeded with meet</b></p> <p>22 <b>with him. Call him to the clinic and then meet with</b></p> <p>23 <b>him.</b></p> <p>24 Q So did you review some of his chemical</p> <p>25 withdrawal questionnaires and flow sheets? Prior to</p>	<p style="text-align: right;">40</p> <p>1 coping with their mental health issues, is that a</p> <p>2 serious medical need?</p> <p>3 <b>A We take it seriously and we proceed with</b></p> <p>4 <b>getting them mental health help that they need. We</b></p> <p>5 <b>have steps and process to do that.</b></p> <p>6 <b>(Exhibit 27 was marked for identification.)</b></p> <p>7 BY MS. BENNETT:</p> <p>8 Q Showing you Exhibit 27. Is that the Beck</p> <p>9 Depression Inventory that you reviewed for James</p> <p>10 Lynas in November of 2017?</p> <p>11 <b>A Yes.</b></p> <p>12 Q And in fact, your signature appears as a</p> <p>13 scorer's signature dated 11/5/17. Correct?</p> <p>14 <b>A Yes.</b></p> <p>15 Q And why are there certain scores that are</p> <p>16 crossed out?</p> <p>17 <b>A The med passer wrongfully -- did the</b></p> <p>18 <b>wrong -- scored it wrongly. So when I got it, I</b></p> <p>19 <b>corrected it. He scored 0, 1, 2, 3 with the boxes.</b></p> <p>20 Q And it's a 4-point scoring system? Zero</p> <p>21 through 3? Is that right?</p> <p>22 <b>A Right. But you can't get a score of 4.</b></p> <p>23 <b>Zero, 1, 2, 3.</b></p> <p>24 <b>(Reporter requested clarification.)</b></p> <p>25 <b>A You cannot get a score of 4. Zero, 1, 2,</b></p>
<p style="text-align: right;">39</p> <p>1 your conversation with Crystal?</p> <p>2 <b>A I cannot recall if I exactly looked at it.</b></p> <p>3 <b>But it -- could have looked at it in eMDs versus the</b></p> <p>4 <b>written. I don't recall.</b></p> <p>5 Q Did you have an understanding that James</p> <p>6 Lynas had substance abuse issues?</p> <p>7 <b>A Yes.</b></p> <p>8 Q Prior to your call with Crystal</p> <p>9 Waagmeester?</p> <p>10 <b>A Yes.</b></p> <p>11 Q And is opioid withdrawal a serious medical</p> <p>12 need?</p> <p>13 <b>A Yep. Yes.</b></p> <p>14 Q And is severe depression a serious medical</p> <p>15 need?</p> <p>16 <b>A Yes.</b></p> <p>17 Q And if someone explains that they're not</p> <p>18 coping with their mental illness, is that a serious</p> <p>19 medical need?</p> <p>20 MS. NEARING: Objection. Lack of</p> <p>21 foundation. And incomplete hypothetical.</p> <p>22 BY MS. BENNETT:</p> <p>23 Q You can answer.</p> <p>24 <b>A Can you repeat your question?</b></p> <p>25 Q If someone is saying that they're not</p>	<p style="text-align: right;">41</p> <p>1 <b>3.</b></p> <p>2 BY MS. BENNETT:</p> <p>3 Q And James Lynas scored a 43 by your count.</p> <p>4 Correct?</p> <p>5 <b>A Correct.</b></p> <p>6 Q And then who marks, "Step 2, sent to</p> <p>7 inmate"?</p> <p>8 <b>A Me.</b></p> <p>9 Q Was that in fact done?</p> <p>10 <b>A Yes. It was.</b></p> <p>11 <b>And every time I explain it to them. Go</b></p> <p>12 <b>through it. Make sure they understand the</b></p> <p>13 <b>instructions of the step -- second step of the mental</b></p> <p>14 <b>health packet.</b></p> <p>15 <b>And if I believe that they would be seen</b></p> <p>16 <b>before the two weeks, have them, if they come to the</b></p> <p>17 <b>clinic, just bring it with them in case they're</b></p> <p>18 <b>coming to see a mental health provider. And that's</b></p> <p>19 <b>what was instructed to James.</b></p> <p>20 Q And what is step 2?</p> <p>21 <b>A It is as two-week daily log.</b></p> <p>22 Q A log of what?</p> <p>23 <b>A Am I able to see?</b></p> <p>24 Q What's the purpose of the log that you gave</p> <p>25 to James Lynas?</p>

<p style="text-align: right;">42</p> <p>1       <b>A For them to, over a two-week period, to --</b> 2       <b>for -- this is for a mental health provider to</b> 3       <b>review, this -- when they return it. See where</b> 4       <b>they're at over the two-week course. And he uses</b> 5       <b>that in his plan for the patient.</b> 6       Q And if Crystal Waagmeester testified 7       yesterday that that second step was never sent to 8       James Lynas, would you quarrel with that? 9       MS. NEARING: Objection. Misstating her 10      testimony. 11      <b>A No. I gave it to him.</b> 12      <b>(Reporter requested clarification.)</b> 13      <b>A No. I gave it to him.</b> 14      BY MS. BENNETT: 15      Q And what does the score of 43 mean on the 16      Beck Depression Inventory? 17      <b>A That is the score for only his answers.</b> 18      <b>And our protocol is if it's above 40, a medical</b> 19      <b>provider is contacted. Which is what I did.</b> 20      Q And any score above 40 equals severe 21      depression. Correct? 22      MS. NEARING: Objection. Foundation. 23      <b>A That's not for me to make that</b> 24      <b>determination.</b> 25</p>	<p style="text-align: right;">44</p> <p>1      you wanted to look at the scale? 2      <b>A I wouldn't know where to find it?</b> 3      Q Yeah. 4      <b>A What is the question of? What am I trying</b> 5      <b>to find?</b> 6      Q The scale for the Beck Depression 7      Inventory. 8      <b>A Oh, how to score, are you saying?</b> 9      Q No. What the scoring results mean. 10     <b>A I don't recall. I'm not sure.</b> 11     Q So you're scoring something you don't 12     really have any idea what the score means. Is that 13     fair? 14     <b>A I know when it's a 40 or above, that's when</b> 15     <b>we take action and it's meaning we need to not just</b> 16     <b>let it go. We follow our protocol of contacting our</b> 17     <b>provider.</b> 18     Q So a score over 40, would that mean that 19     you take urgent action on your part? 20     <b>A I would call a medical provider and find</b> 21     <b>out what they would like to do with the scoring and</b> 22     <b>what the clinical -- what we have for that patient.</b> 23     Q And would you call that medical provider as 24     soon as feasibly possible? 25     <b>A Yes.</b></p>
<p style="text-align: right;">43</p> <p>1      BY MS. BENNETT: 2      Q So you're the individual that's tasked with 3      scoring the Beck Depression Inventory, but you 4      yourself have no idea what the scoring scale is for 5      the BDI? 6      <b>A I can't -- I cannot diagnose him with a</b> 7      <b>diagnoses of that. I know what this -- what I'm</b> 8      <b>supposed to do with the -- I was in process with our</b> 9      <b>protocol for the Beck Depression Inventory.</b> 10     Q Is there any scoring scale posted in the 11     jail? 12     <b>A For a deck -- Beck Depression Inventory?</b> 13     Q Yes. 14     <b>A Posted in the jail?</b> 15     Q Yes. 16     <b>A Or the clinic?</b> 17     Q Well, the clinic is in the jail. Right? 18     <b>A I don't believe it -- it's not posted on</b> 19     <b>the wall.</b> 20     Q Is there some place that you can go and 21     look at a Beck Depression Inventory scale in your 22     clinic or at the jail? 23     <b>A I believe so. But I don't know what it's</b> 24     <b>called.</b> 25     Q So you wouldn't know where to find that, if</p>	<p style="text-align: right;">45</p> <p>1      Q I'm going to show you Exhibit 10, regarding 2      the Beck Depression Inventory. And here's the 3      scoring scale I was just referring to. Do you -- 4      have you ever seen that before? 5      <b>A No. I've never seen this paper before.</b> 6      <b>(Sotto voce communication between</b> 7      <b>plaintiff's counsel.)</b> 8      BY MS. BENNETT: 9      Q Do you have any reason to disbelieve that 10     scoring scale? 11     MS. NEARING: Objection. Lacking in 12     foundation. 13     <b>A As an RN I don't make these scales and I</b> 14     <b>don't determine this.</b> 15     BY MS. BENNETT: 16     Q So as an RN, do you have any reason to 17     disagree with what is written there regarding the 18     scores for the Beck Depression Inventory? 19     MS. NEARING: Same objection. Lacking in 20     foundation. Document speaks for itself. 21     MR. BENNETT: Objection. Coaching the 22     witness. 23     MS. NEARING: Objection. Two attorneys 24     questioning the witness. 25     MR. BENNETT: Well, that's a material</p>

<p style="text-align: right;">46</p> <p>1 question. You got a health provider who doesn't know 2 whether the test she's scoring, what it means. 3 MS. NEARING: Lacking in foundation. 4 <b>A I know a score of 40 or more is something</b> 5 <b>that we are going to take action on, because that is</b> 6 <b>indicative of a patient that is in need of mental</b> 7 <b>health help.</b> 8 BY MS. BENNETT: 9 Q And that's -- 40 or above is a threshold 10 provided to you by MEnD? 11 <b>A Correct.</b> 12 Q And other than that score of 40, you don't 13 know one way or the other what a 39 might mean or 14 what a 43 means? 15 <b>A I know that a scoring on the higher end of</b> 16 <b>the Beck Depression Inventory disorder -- or</b> 17 <b>Inventory. That's not for me to diagnose.</b> 18 MS. BENNETT: All right. We're going to 19 take a five-minute break. 20 VIDEOGRAPHER: Off the record at 10:00 a.m. 21 (Recess taken.) 22 VIDEOGRAPHER: This is file 2. We're on 23 the record at 10:09 a.m. 24 BY MS. BENNETT: 25 Q Okay. Then I want to go through what was</p>	<p style="text-align: right;">48</p> <p>1 <b>Getting all the information I need to complete the</b> 2 <b>suicide risk screening form.</b> 3 <b>Later on, after meeting with the patient, I</b> 4 <b>would have called Crystal. He would have waited in</b> 5 <b>the -- he waited in the clinic waiting room while I</b> 6 <b>contacted the provider to determine what the further</b> 7 <b>action is. And so then that's, with her orders,</b> 8 <b>these forms were completed.</b> 9 <b>In regards to answering what these forms</b> 10 <b>are. Like, these were not in there with him. These</b> 11 <b>were in response to the provider's order. And this</b> 12 <b>is what -- meeting with the information.</b> 13 Q Okay. Yep. That's helpful because I 14 wasn't sure exactly what -- which step came next. 15 So as you're meeting with James Lynas on 16 November 5th, you go through the suicide risk 17 screening form. Correct? 18 <b>A Yes.</b> 19 Q And would you have done that regardless of 20 if any other screening form had been performed or 21 done on him because of his BDI score? 22 <b>A Yes. Yeah. Yep.</b> 23 Q And after that meeting with him, you called 24 Crystal a second time? 25 <b>A Correct.</b></p>
<p style="text-align: right;">47</p> <p>1 done next. So first the Beck inventory -- Beck 2 Depression Inventory is brought to you by a med 3 passer, you make a call to Crystal Waagmeester, and 4 then you go back to James Lynas per her request. Is 5 that right? 6 <b>A Yes.</b> 7 Q And then which form -- I think I pulled 8 them out. There's a suicide risk screening form. I 9 believe yours is the third page in Exhibit 20. And 10 then there's the special precautions sheet, and then 11 also the mental health referral. 12 What is done next? 13 <b>A With meeting him? With meeting with him,</b> 14 <b>you're talking about yes?</b> 15 Q Yes. 16 <b>A Yeah. So how I go about things when a --</b> 17 <b>when a higher BDI, and I'm meeting with a patient for</b> 18 <b>that sole reason, I try to get as much information</b> 19 <b>from them by not -- just in conversation. Seeing</b> 20 <b>where they're at, get that information directly from</b> 21 <b>them of where they're at before I start asking any</b> 22 <b>direct questions. Just to get that honest, where</b> 23 <b>they're at, telling me the information.</b> 24 <b>Then I go through -- through a</b> 25 <b>conversation, and assessing them at the same time.</b></p>	<p style="text-align: right;">49</p> <p>1 Q And besides just the information that's on 2 the suicide risk screening form, you also filled out 3 a eMDs, you know, more of a narrative of the 4 information that you obtained from Lynas. Is that 5 correct? 6 <b>A Yes. These forms don't have enough</b> 7 <b>documentation room, and that kind of combines</b> 8 <b>everything together on the electronic version. But</b> 9 <b>these are all -- all kind of summarize in the one.</b> 10 <b>And then you go into more detail of what's being said</b> 11 <b>with these questions, because this is only a circle.</b> 12 <b>And then on this specific form, the suicide</b> 13 <b>risk form, the plan is -- would go -- a quick</b> 14 <b>snapshot of plan right there. But then, yes, go into</b> 15 <b>detail what the conversation was with him.</b> 16 Q I'd like to move to Exhibit 16, which is 17 the eMDs sheet you filled out for James Lynas, the 18 encounter you had with him on November 5th. Is that 19 correct? 20 <b>A Correct.</b> 21 Q Okay. And then just -- do you know why 22 there are two versions of that form? 23 <b>A Because it -- it looks like it appears --</b> 24 <b>like it cuts off at the bottom. It doesn't include</b> 25 <b>the full note.</b></p>

<p style="text-align: right;">50</p> <p>1 Q I actually mean why there's one that was 2 signed by Leonard and one that was not signed by 3 Leonard. 4 <b>A They sign electronically. I don't know how 5 it comes off in a printing form version of it. But 6 they sign it electronically.</b> 7 Q And where does he do that from? 8 <b>A They're sending into emails, and they sign 9 off on the encounters to do that.</b> 10 Q Do you know if he has access from that 11 outside of the jail? 12 <b>A Dr. Leonard?</b> 13 Q Yes. 14 <b>A Yes.</b> 15 Q Yes, he does? 16 <b>A Wherever he's working. I don't...</b> 17 Q Would you have access to eMDs for Sherburne 18 County Jail patients outside of the jail? 19 <b>A Yes. Only on -- when I'm on call 20 overnight. To look for -- at a patient's -- when 21 you're being called.</b> 22 Q And can you -- 23 <b>A (Indiscernible.)</b> 24 Q Sorry. I didn't mean to interrupt you. 25 Can you describe how you get that eMDs</p>	<p style="text-align: right;">52</p> <p>1 to my daughter." 2 Patient denies history of attempts or plans 3 of suicide, but reports in -- in 2013, when he got 4 his felony, he felt like giving up and he sold all of 5 his guns so he would -- wouldn't shoot himself. 6 Reports was having a rough time on the 7 outside, but about 1.5 months ago -- or is that a 8 6 -- five months ago started getting his life back 9 together, but still continued to use opioid -- 10 opiates. 11 Reports now being in jail is the first time 12 in 1.5 years he's been sober and is having to deal 13 with his mental health. When asked how he's 14 currently coping with it, patient stated, "Honestly, 15 I'm suffering and not coping with it." 16 Patient reports he went to court on Tuesday 17 and got a four-month -- and got four months, but 18 possibly -- a possibility of going to workhouse after 19 30 days, but thinks it is his -- in his best interest 20 to do the four months, then go to a treatment that 21 does dual diagnosis to get help with drug use and 22 mental health, like at Nystrom's or Recovery Plus. 23 Reports the last time he went to treatment, 24 his mental health was not addressed, and he thinks 25 that was part of the issue of returning to drugs.</p>
<p style="text-align: right;">51</p> <p>1 access when you're on call? 2 <b>A It's Internet based.</b> 3 Q So as long as you have a log-in, password, 4 you can get on there? 5 <b>A Yes. That is how you log into eMDs.</b> 6 Q Let's walk through your note from the 7 encounter on the 5th. 8 Can you read that for us? 9 <b>A Starting from the top, "Chief complaint?"</b> 10 Q Yes. 11 <b>A Okay. Chief complaint: James Lynas is a 12 31-year-old male, Anoka inmate. Today's visit is 13 chemical withdrawal assessment. His primary language 14 is English. He is completely fluent in English.</b> 15 Patient returned BDI with a score of 43 and 16 number 9 -- and number 9 scored as a 1. 17 Writer reviewed patient -- reviewed patient 18 health assessment visit, previous suicide risk 19 assessment, and BDI with FNP C. W. who asked for 20 writer to meet with patient and get more information. 21 Patient seen in clinic. 22 "History of present illness: Patient 23 denies suicidal thoughts. When writer asked if he 24 had the opportunity available to kill himself, would 25 he do it, patient responded, "No. I couldn't do that</p>	<p style="text-align: right;">53</p> <p>1 Patient reports definitely feeling 2 depressed and "my anxiety is through the roof." 3 Reports feeling very stressed about being 4 locked in for 20 hours a day and -- while in Gamma, 5 but when he has time out of his cell he watches TV or 6 walks, which helps. 7 "Reports his insomnia is maddening, his 8 mind is going crazy with thoughts and going through 9 many emotions like frustration, irritation and then 10 emotional." 11 Patient reports having current goal of 12 getting back together and future goal -- of getting 13 life back together, and future goals of going to 14 treatment and putting his life back together for his 15 daughter so he doesn't have to go -- doesn't have to 16 go through the same thing -- she doesn't have to go 17 through the same thing he did. 18 Patient reports if he did have suicidal 19 thoughts, he would tell the CO or clinic. 20 Do I keep going? 21 Q That's okay for now. 22 On the eMDs sheet, there's a lot more 23 information than just in the suicide risk screening 24 form? 25 <b>A Yes.</b></p>

<p style="text-align: right;">54</p> <p>1 Q And the encounter, as you described it, is 2 replete with mental health issues. Right? 3 MS. NEARING: Objection. Document speaks 4 for itself, and misstating the testimony. 5 MR. BENNETT: Well, that's not a legal 6 objection. 7 MS. NEARING: To make it clear: Objection. 8 Misstating her testimony, and the document speaks for 9 itself. 10 <b>A Can you repeat your question?</b> 11 BY MS. BENNETT: 12 Q The document that you wrote is replete with 13 medical -- or mental health issues. Correct? 14 MS. NEARING: And lacking in foundation. 15 <b>A Patient reported what he was going through,</b> 16 <b>where he was at to me.</b> 17 BY MS. BENNETT: 18 Q Including a long list of mental health 19 issues. Correct? 20 MS. NEARING: Objection. Objection. 21 Misstating her testimony and foundation. 22 <b>A Patient reported he had a history of mental</b> 23 <b>health and -- exactly what I have spoken to already.</b> 24 BY MS. BENNETT: 25 Q Which included anxiety. Right?</p>	<p style="text-align: right;">56</p> <p>1 <b>A Only from what he was -- reported to me</b> 2 <b>through he -- what I've documented.</b> 3 Q And then he also notes that when he's 4 sober, he's had -- he has to deal with his mental 5 health. Correct? 6 <b>A Correct.</b> 7 Q And you asked him how he's coping with it. 8 Right? 9 <b>A Yes.</b> 10 Q And he responded. And you put in quotes, 11 "Honestly, I'm suffering and not coping with it." 12 <b>A Correct.</b> 13 Q And those would be tons -- or a long list 14 of mental health issues that were reported to you, 15 his treating nurse. Correct? 16 <b>A I don't treat him. I don't make the</b> 17 <b>treating decisions. But I'm gathering this</b> 18 <b>information, making my nursing judgment of what is</b> 19 <b>being -- where he is at. He is wanting help with his</b> 20 <b>mental health, and we're taking the action steps to</b> 21 <b>get him that mental health step and what's in place.</b> 22 <b>Already initiated through the mental health packet.</b> 23 <b>This is another step of going through the mental</b> 24 <b>health process and eventually -- then the mental</b> 25 <b>health provider takes over with his plan for the</b></p>
<p style="text-align: right;">55</p> <p>1 <b>A Yes.</b> 2 Q And that's a mental health issue? Correct? 3 <b>A Yes.</b> 4 Q And that he was going crazy? Correct? 5 MS. NEARING: Objection. Misstating the 6 record. 7 <b>A Where is...</b> 8 BY MS. BENNETT: 9 Q His insomnia is maddening. Correct? 10 <b>A That's what he reported. Yes.</b> 11 Q And that's what you wrote down. Right? 12 <b>A Yep.</b> 13 Q And that his mind is going crazy with 14 thoughts. Correct? 15 <b>A Correct. That's what he stated.</b> 16 Q And then he's having many emotions, such as 17 frustration. Correct? 18 <b>A Correct.</b> 19 Q Irritation? 20 <b>A Yes.</b> 21 Q And other emotional issues, which aren't 22 elaborated here. Correct? 23 <b>A Correct.</b> 24 Q Do you know what he meant by those 25 emotional issues?</p>	<p style="text-align: right;">57</p> <p>1 <b>patient.</b> 2 Q And you, as a RN for MEnD, are part of the 3 care team provided to inmates at Sherburne County? 4 <b>A Yes. Part of the care team.</b> 5 Q And you're actually really the boots on the 6 ground, as far as I understand it. You're the person 7 that is actually seeing the patient. Crystal 8 Waagmeester isn't there. Right? 9 <b>A Crystal was on call. Medical providers and</b> 10 <b>mental health providers also see the patients that</b> 11 <b>are at the -- at the jail.</b> 12 Q And by Crystal being on call, she's not in 13 the jail? 14 <b>A Correct.</b> 15 Q Do you know if Crystal had ever set foot in 16 Sherburne County Jail? 17 <b>A Not that I'm aware of. I don't know. I</b> 18 <b>can't speak to that.</b> 19 Q Have you ever seen her? 20 <b>A I believe, yeah. I believe so. At</b> 21 <b>conference.</b> 22 Q But not at Sherburne County Jail? 23 <b>A I, myself, have not seen her at Sherburne</b> 24 <b>County Jail.</b> 25 Q And as a nurse that is taking these</p>



<p style="text-align: right;">58</p> <p>1 observations, as you were tasked to do by another 2 MEnD employee, would these be mental health issues 3 that are red flags to you? 4 <b>A This is something I wouldn't ignore. And I</b> 5 <b>would believe that he needs to see -- I believe he</b> 6 <b>needed mental health help, and that's why I proceeded</b> 7 <b>with getting further direction orders from the</b> 8 <b>medical provider of what she wanted to do for next</b> 9 <b>steps.</b> 10 <b>As an RN, I can place someone on full</b> 11 <b>suicide precautions, if somebody is actively</b> 12 <b>suicidal. Anything less than that is coming from a</b> 13 <b>provider's order of what to do.</b> 14 <b>From my full clinical assessment of this</b> 15 <b>patient, I'm assessing him. This was not a patient</b> 16 <b>that was actively suicidal at the time that I saw</b> 17 <b>him. And from what he is telling me, there was</b> 18 <b>reassurance: He is thinking about the future; he</b> 19 <b>would tell somebody if he had suicidal thoughts, he</b> 20 <b>denied suicidal thoughts at the time me meeting with</b> 21 <b>him. Those are all things taking into the full</b> 22 <b>picture of why I -- he -- this patient was not</b> 23 <b>somebody that was actively suicidal.</b> 24 <b>So from that point, I have to get providers</b> 25 <b>orders of what the plan is because they make the</b></p>	<p style="text-align: right;">60</p> <p>1 went back and gathered on November 5th was important 2 enough to put in quotes and draft the longest 3 narrative, I think, that we have in the eMD sheet 4 about him. Is that fair? 5 <b>A I don't -- if it's the longest or not.</b> 6 <b>That's not really pertinent. It is -- I take the</b> 7 <b>information that's given to me. I present -- I don't</b> 8 <b>think this is something that should just have gone --</b> 9 <b>not been dealt with. He needed mental health help</b> 10 <b>and I got -- took it to the next step of what I'm</b> 11 <b>supposed to do for protocol, of what our process is,</b> 12 <b>get the further direction from the medical provider.</b> 13 <b>And that's exactly what I did.</b> 14 <b>Q So then, after this meeting that prompted</b> 15 <b>the narrative on the 5th that you wrote, you go back</b> 16 <b>and call Crystal. What information do you convey to</b> 17 <b>her during that second call?</b> 18 <b>A The -- everything that I would have typed</b> 19 <b>here I would have informed her of. Including the</b> 20 <b>score of your -- the suicide risk screening form.</b> 21 <b>Also, we're -- with my -- I believe it's</b> 22 <b>cut off. My -- the exam portion of this. That is</b> 23 <b>also in eMDs.</b> 24 <b>Q And does a suicide risk screening -- or</b> 25 <b>score of 12 match a Beck Depression Inventory score</b></p>
<p style="text-align: right;">59</p> <p>1 <b>determination, and as an RN I can't make that</b> 2 <b>determination. Anything less -- I can put somebody</b> 3 <b>on full suicide, but anything less it comes from a</b> 4 <b>provider.</b> 5 <b>Q Have you heard that contracts for safety</b> 6 <b>don't mean anything?</b> 7 <b>A I have not heard this myself.</b> 8 <b>Q Do you think that every individual in jail</b> 9 <b>with mental health issues is transparent about the</b> 10 <b>issues that they're facing?</b> 11 <b>MS. NEARING: Objection. Overly broad and</b> 12 <b>incomplete hypothetical.</b> 13 <b>A I can go off of my assessments and what</b> 14 <b>they're telling me, and the overall picture. And</b> 15 <b>that's what we have to take --</b> 16 <b>BY MS. BENNETT:</b> 17 <b>Q Well, he committed suicide. Right?</b> 18 <b>A -- my assessment going forward.</b> 19 <b>Q James Lynas committed suicide. Correct?</b> 20 <b>A From my -- from what -- yes. That is from</b> 21 <b>what...</b> 22 <b>Q And you know that he had a score of 43 on</b> 23 <b>his Beck Depression Inventory. Correct?</b> 24 <b>A Yes.</b> 25 <b>Q And you thought that the information you</b></p>	<p style="text-align: right;">61</p> <p>1 of 43? 2 <b>MS. NEARING: Objection. Lacking in</b> 3 <b>foundation.</b> 4 <b>A I don't make that determination of what</b> 5 <b>equals what. They're two different forms, and this</b> 6 <b>is what this assessment is.</b> 7 <b>BY MS. BENNETT:</b> 8 <b>Q How is it that you go through this suicide</b> 9 <b>risk form?</b> 10 <b>A I believe I already stated. I start out</b> 11 <b>with trying to get as much information from them</b> 12 <b>through conversation, seeing where they're at. How</b> 13 <b>they've been telling me things before, if I need any</b> 14 <b>additional questions, to have more direct questions</b> 15 <b>just to see where they're at. But I try to get --</b> 16 <b>first get that information from -- coming straight</b> 17 <b>from them.</b> 18 <b>Q Were you surprised that you scored him at a</b> 19 <b>12 from the suicide risk screening form when he had</b> 20 <b>had a Beck Depression Inventory score of 43?</b> 21 <b>A No. I'm not surprised. I'm taking exactly</b> 22 <b>where this -- what he's telling me and scoring it on</b> 23 <b>a suicide risk form.</b> 24 <b>Q And as you said --</b> 25 <b>A These are two separate forms.</b></p>

<p style="text-align: right;">62</p> <p>1 Q And as you said, I think, before, the 2 suicide risk screening form is just circling certain 3 boxes, and the eMD sheet allows you to actually draft 4 a narrative about what you learn. Correct? 5 <b>A Explaining the -- what -- why these were 6 chosen.</b> 7 Q And in that eMD sheet, does it state that 8 you called Crystal a second time? 9 <b>A Yes. And the care plan. So with the plan 10 of this whole encounter. Got a telephone order read 11 back, from Crystal Waagmeester, for 15-minute mental 12 health watch in general population; to start 13 hydroxyzine, as set up above; and give first dose 14 now, at 11:00. And sent mental health referral.</b> 15 <b>So that was me calling her back, reporting 16 with what the further information and assessment was 17 she requested. And she can make that determination.</b> 18 Q And is the 15-minute mental health watch 19 the same as a suicide watch? 20 <b>A It's not comparing anything. The -- how 21 the process is here at Sherburne is -- how it's 22 designed, how they've always had us do it -- is it's 23 stated very clearly on the special precaution forms 24 and in ProPhoenix that it's a mental health watch. I 25 don't -- we are not -- we do not use the -- at</b></p>	<p style="text-align: right;">64</p> <p>1 <b>A I charted it on the suicide risk screening 2 form, "Provider's orders completed." And that 3 includes giving him the one-time dose of hydroxyzine.</b> 4 Q Wouldn't there have to be some, like, 5 checkout form for medication prescribed, other than 6 just the suicide risk screening form? 7 <b>A It would have been sent -- documented in 8 eMDs, which I did, and sent to a med passer. I can't 9 speak for their documentation of the med passer who 10 set this up. But I know I gave hydroxyzine, as 11 prescribed, as the one-time dose, and ordering the 12 future doses as prescribed by her.</b> 13 Q And which -- there's two, if you look at 14 the medical administration record. There's two 15 identical orders for hydroxyzine. With the exception 16 of the start date and end dates, one is 11/6/17, with 17 a stop date of 11/16/17. And then the second one is 18 11/7, start date. Stop date as 11/17. Which order 19 was from Crystal? 20 <b>A I can't speak to that for the person who 21 documented this. That is up to the med passer. I 22 send it electronically to the med passer through 23 eMDs, what the order is. And I did not set up the 24 medication.</b> 25 <b>Even, at the same time, I wouldn't have</b></p>
<p style="text-align: right;">63</p> <p>1 <b>Sherburne, we do not use the suicide or close 2 observation watches.</b> 3 Q Did you give James Lynas that dose of 4 hydroxyzine? 5 <b>A Yes.</b> 6 Q I'm going to show you what has been marked 7 as Exhibit 11. So that's the actual prescription. 8 And then the third page of that is the MAR, or 9 medical administration record. So the one time dose, 10 is this -- 11 MS. NEARING: Wait for her question. 12 THE WITNESS: Oh. Okay. 13 BY MS. BENNETT: 14 Q Does your writing appear on the medical 15 administration record at any -- anywhere? 16 <b>A No.</b> 17 Q Why not, if you gave him a dose? 18 <b>A Because the one-time does was given from 19 stock, and the -- would have been on the record of 20 removing that for which patient from the stock meds 21 to give a now-dose. Because they have to get the 22 further, future doses from pharmacy. So it would 23 have come in from pharmacy.</b> 24 Q So there's some other form where you marked 25 that you provided him with hydroxyzine?</p>	<p style="text-align: right;">65</p> <p>1 <b>even been at -- on the job. I would have been home, 2 away from work, when this was even set up.</b> 3 Q So there's some other electronic 4 prescriptions that you sent at Crystal's behalf? 5 <b>A What do you mean by that?</b> 6 Q You said you used eMDs to send the 7 prescription. 8 <b>A As prescribed. So right here on eMDs 9 note -- is -- is it cut off on this one too? Because 10 this should show --</b> 11 MS. NEARING: For the record, Exhibit 26 12 has the full note. That one is the abbreviated one. 13 BY MS. BENNETT: 14 Q So the one that Leonard signed later in 15 Exhibit 26 is the full? 16 <b>A Well, it's cut off, as you see here. It 17 doesn't have the full note.</b> 18 Q But Leonard never signed Exhibit 16. 19 Correct? 20 For the record -- 21 <b>A Correct.</b> 22 Q -- you're looking toward your attorney for 23 that question. Right? Is that correct? 24 <b>A All it says is supervised by Dr. Leonard.</b> 25 Q Who are you looking towards, when you're</p>

<p style="text-align: right;">66</p> <p>1 looking to the right on camera?</p> <p>2 <b>A My attorney.</b></p> <p>3 MS. NEARING: And for the record, her</p> <p>4 attorney is doing nothing to prompt her.</p> <p>5 THE WITNESS: This isn't a full</p> <p>6 documentation, because there's --</p> <p>7 MS. BENNETT: It's just what I was given.</p> <p>8 So there's another one that's a different version</p> <p>9 than Exhibit 16 because it is signed by Defendant</p> <p>10 Leonard.</p> <p>11 MS. NEARING: For the record, it was all</p> <p>12 contained in the same document of electronic records</p> <p>13 provided by MEnD.</p> <p>14 THE WITNESS: So with this one, the --</p> <p>15 my -- the exam and the medication is listed as I sent</p> <p>16 it through eMDs.</p> <p>17 BY MS. BENNETT:</p> <p>18 Q So that's what you mean by "sending it</p> <p>19 through eMDs," is for --</p> <p>20 <b>A For future set-up, yes. Then you just set</b></p> <p>21 <b>it up going forward.</b></p> <p>22 Q And the vitals for that, actually, are</p> <p>23 listed as November 4th. Correct?</p> <p>24 <b>A Correct.</b></p> <p>25 <b>Let me find it here.</b></p>	<p style="text-align: right;">68</p> <p>1 <b>A I -- not to my knowledge.</b></p> <p>2 Q And so you think -- you said there was</p> <p>3 either a 30-minute mental health watch or a 15-minute</p> <p>4 mental health watch. Is that correct?</p> <p>5 <b>A There is a 15-minute and a 30-minute mental</b></p> <p>6 <b>health options for mental health watch.</b></p> <p>7 Q And so Crystal Waagmeester had you put</p> <p>8 Lynas on a 15-minute watch. Correct?</p> <p>9 <b>A Correct.</b></p> <p>10 Q And what did that indicate to you, as an RN</p> <p>11 with MEnD?</p> <p>12 <b>A We were monitoring him. He is at risk for</b></p> <p>13 <b>suicide, so he is on a 15-minute watch. And we're</b></p> <p>14 <b>concerned for his mental health, and that is why he's</b></p> <p>15 <b>placed on a watch.</b></p> <p>16 Q And then the other written notes on here</p> <p>17 follow both what you wrote on your eMD sheet and then</p> <p>18 the suicide risk screening form. Is that fair?</p> <p>19 <b>A Can you repeat the question?</b></p> <p>20 Q Yes.</p> <p>21 So your -- the intervention and follow-up</p> <p>22 plan notes on the special precautions/management</p> <p>23 sheet follow what you wrote in both the eMD and then</p> <p>24 the special -- or suicide risk screening form. Is</p> <p>25 that right?</p>
<p style="text-align: right;">67</p> <p>1 <b>EMD populates previous vital signs into the</b></p> <p>2 <b>notes. So that was done at a previous time.</b></p> <p>3 Q You didn't take any vitals --</p> <p>4 <b>A No.</b></p> <p>5 Q -- for James Lynas on November 5th?</p> <p>6 <b>A Nope.</b></p> <p>7 <b>I did not find a clinical reason at the</b></p> <p>8 <b>time to be concerned about vital signs.</b></p> <p>9 Q And then let's turn to the special</p> <p>10 precaution sheet. It's Exhibit 15.</p> <p>11 And then after talking to Crystal, you went</p> <p>12 back and filled this out. Correct?</p> <p>13 <b>A Per her orders, she determined what is --</b></p> <p>14 <b>what the patient gets. What -- what watch, whether a</b></p> <p>15 <b>15 or a 30, and where he is located.</b></p> <p>16 <b>The only thing -- and this is for the</b></p> <p>17 <b>jail -- if any patient is on a mental health watch,</b></p> <p>18 <b>they do not have access to razors. That's the only</b></p> <p>19 <b>automatic.</b></p> <p>20 Q Do you know why that is?</p> <p>21 <b>A We're concerned for their mental health.</b></p> <p>22 <b>That's something they do not want them to have access</b></p> <p>23 <b>to.</b></p> <p>24 Q Do you know if it's because MEnD had</p> <p>25 another jail suicide caused by razors?</p>	<p style="text-align: right;">69</p> <p>1 <b>A Correct. This is all the same orders.</b></p> <p>2 Q And then it notes that a mental health</p> <p>3 referral was sent. What does that entail?</p> <p>4 <b>A So this is a -- what does the mental health</b></p> <p>5 <b>referral entail?</b></p> <p>6 Q Yes.</p> <p>7 <b>A So when a -- she had wanted a mental health</b></p> <p>8 <b>referral sent. Any time a person is on mental</b></p> <p>9 <b>health -- or a mental health watch anyway, one is</b></p> <p>10 <b>sent. There's many reasons why you would send a</b></p> <p>11 <b>mental health referral. Hers was an order to send as</b></p> <p>12 <b>a mental health referral. That's why it's marked as</b></p> <p>13 <b>an M.D. referral, because of the BDI score of 43.</b></p> <p>14 <b>This information is attached with the eMD</b></p> <p>15 <b>note printed off so it's easy access. And then you</b></p> <p>16 <b>would also be on the mental health -- suicide risk</b></p> <p>17 <b>screening form, and the BDI form would all be</b></p> <p>18 <b>attached go to the mental health provider's in-box</b></p> <p>19 <b>for him to review the next -- this was a Sunday. So</b></p> <p>20 <b>on Monday when he came in.</b></p> <p>21 <b>And then the process is, is he goes through</b></p> <p>22 <b>his in-box; makes his determination of plans of what</b></p> <p>23 <b>he's going to do with his patients.</b></p> <p>24 <b>I also know on Mondays there's a</b></p> <p>25 <b>classification meeting, which an RN and mental health</b></p>

<p style="text-align: right;">70</p> <p>1 provider attend. And they have -- they go through 2 all the watches. And I know that every person that's 3 on a mental health watch is -- there's -- they 4 discuss the plan, what's going on. What the plan is 5 for that patient. So whether he's been seen or not, 6 so whatever. That is -- also, I know, that is part 7 of the process too. So that next day he would 8 have -- he would -- he would -- this -- James Lynas 9 would have come up on the mental health -- the 10 special watches list that they would have gone 11 through at classification. 12 Q And were you at that classification meeting 13 regarding James Lynas? 14 A No. I was not working that day. 15 Q Have you ever been at any classification 16 meetings? 17 A Yes, I have. 18 Q So if you weren't there on that Monday, 19 November 6th meeting with the mental health, you 20 don't know specifically if James Lynas was discussed 21 there? 22 A I can't speak to it because I wasn't there. 23 But I know the process that's set in place and 24 what -- what happens with going forward. 25 Q But you weren't there, so you don't know if</p>	<p style="text-align: right;">72</p> <p>1 A Correct. 2 Q Can you describe what you found when you 3 responded to the special housing unit? That's where 4 he was. Right? 5 A Correct. Yes. 6 Can I see my eMDs note on that? 7 Q I believe it's in -- I forget which 8 exhibit. It might be right there, but -- 9 A Connected with that one? 10 Q Yes. And it should be the 11/9 encounter. 11 A A code blue was called. Arrived on scene 12 into special housing. I believe it was -- was it 13 block -- block 5, yep. And COs were already -- had 14 pulled him out of the cell. And he was in -- I don't 15 know what they call -- the dayroom -- outside of his 16 cell on the ground when I arrived. 17 Q When you heard the code blue call, did you 18 suspect that it was Mr. Lynas? 19 A I did not make any guesses of what -- what 20 the code blue was going to be called on. 21 Q Did you have any encounters with patients 22 like the encounter you had where you -- with 23 Mr. Lynas where you had to call the provider back 24 twice, do a suicide precautions, mental health 25 referral, any time in November, other than James</p>
<p style="text-align: right;">71</p> <p>1 he was discussed. Correct? 2 A Correct. 3 Q And the mental health referral, which is 4 Exhibit 14, that's signed by you. And then there 5 appears to be someone else's handwriting on that 6 sheet as well. Do you see that? 7 A Michael Robertson. M. R. 8 Q And it says: Scheduled with mental health. 9 Or "M. H," which I take it means mental health. Is 10 that correct? 11 A I don't know. That's not my documentation. 12 That's his own noting of how he coordinates. 13 Q And there's nothing in that note that 14 states when that note was written. Is there? 15 A What note? This one? 16 Q The note by M. R. 17 A I don't know. I don't make the 18 documentation. 19 Q So you don't know -- there's nothing there 20 on that sheet of paper that would allow you to know 21 when that note was written. Correct? 22 A No. I don't. There's nothing -- I don't 23 know when that was written. 24 Q You, actually, responded to the code blue 25 call for James Lynas. Correct?</p>	<p style="text-align: right;">73</p> <p>1 Lynas? 2 A Specifically in November? 3 Q Yeah. 4 A I -- I can't recall exactly how many times 5 I would have called in November. But I have, over my 6 career of being there, had this same progression of 7 getting a high score, meeting with patient, even 8 calling them back afterwards. That is very typical. 9 Q Had anyone else that you had personally 10 seen been in as bad a shape as James Lynas? 11 MS. NEARING: Objection. Form. 12 A I can't -- can you repeat, or what -- 13 describe what you mean by wanting me to -- 14 BY MS. BENNETT: 15 Q Well, was the BDI score 43? 16 A I've had patients with higher scores than 17 43. Yes. 18 Q Were you surprised that Mr. Lynas was found 19 hanging? 20 A What -- can you -- 21 MR. BENNETT: It's a simple question. 22 A I don't make -- I don't see anything as a 23 surprise. I go and come to a situation and I handle 24 it with medical -- how I would in a medical 25 emergency.</p>

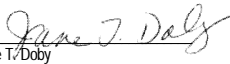

<p style="text-align: right;">74</p> <p>1 BY MS. BENNETT: 2 Q So it didn't surprise you that Mr. Lynas 3 was found hanging? 4 MS. NEARING: Objection. Misstating the 5 testimony. 6 MR. BENNETT: Answer the question. Yes or 7 no. 8 MS. NEARING: And objection to two 9 attorneys -- 10 MR. BENNETT: Well, it's ridiculous. 11 MS. NEARING: -- cross-examining her. And 12 it's starting to border on harassment, by calling the 13 witness "ridiculous." 14 MR. BENNETT: It is ridiculous. If it 15 weren't ridiculous, it would -- I wouldn't bother to 16 say. 17 BY MS. BENNETT: 18 Q Were you surprised, yes or no, that 19 Mr. Lynas was found hanging? 20 <b>A I don't -- in the medical field, you're not</b> 21 <b>sitting and thinking about being a surprise or not.</b> 22 <b>You'll come up with a situation, I -- not stopping</b> 23 <b>and thinking of the situation. You go to the code</b> 24 <b>and you handle it to lifesaving measures. There's</b> 25 <b>not sitting and being a --</b></p>	<p style="text-align: right;">76</p> <p>1 <b>classification, all of medical, all on the same page.</b> 2 <b>It would just -- to make it very clear.</b> 3 Q Do you know if the special 4 precautions/management form is provided to 5 correctional staff? 6 <b>A Special precautions form? Yes. So this</b> 7 <b>one is emailed to jail sergeants and classification.</b> 8 Q So this is -- this is emailed to a jail 9 sergeant or to the jail sergeants and jail 10 administration? 11 <b>A Classification. I don't believe all of</b> 12 <b>administration is on that. It was classification.</b> 13 Q Do you know who would be responsible for 14 emailing a form like this? 15 <b>A The RN, the -- or whoever filled it out.</b> 16 <b>Whether it be the RN, medical provider, or mental</b> 17 <b>health provider.</b> 18 Q So Exhibit 15. I think you have it in 19 front of you. 20 <b>A Uh-huh. Uh-huh.</b> 21 Q You -- you filled in this information. 22 Would you have been responsible for sending this to 23 the corrections sergeants and classification? 24 <b>A Yes.</b> 25 Q Do you --</p>
<p style="text-align: right;">75</p> <p>1 Q And at that point it was too far a save -- 2 he was too far gone to save his life. Correct? 3 <b>A We provided CPR and, actually, he did</b> 4 <b>retain -- or his pulse was palpated. Did return his</b> 5 <b>pulse.</b> 6 Q Do you know he died later on, 7 November 12th? 8 <b>A Yes.</b> 9 MS. BENNETT: I have no further questions. 10 MR. HIVELEY: I have a few follow-up 11 questions. 12 EXAMINATION 13 BY MR. HIVELEY: 14 Q You said that at Sherburne County we do not 15 use suicide or close observation watches. Do you 16 know why that is? 17 <b>A I don't make those decisions myself. But</b> 18 <b>per our supervisor, this is -- with through</b> 19 <b>discussion with the jail, they come up with how they</b> 20 <b>want to have documentation done in this jail.</b> 21 <b>Because MEnD is in multiple jails. And at this one</b> 22 <b>they determined to use -- where is that. Right here.</b> 23 <b>Under the miscellaneous, and then specify for</b> 24 <b>continuity, so everybody is on the same page so</b> 25 <b>there's no confusion. COs, sergeants,</b></p>	<p style="text-align: right;">77</p> <p>1 <b>A Yes.</b> 2 Q -- have a recollection of doing that -- 3 <b>A Yes.</b> 4 Q -- in this case? 5 <b>A Yes. Especially, I mean, it's an</b> 6 <b>initiation as well. I mean, starting this. Also</b> 7 <b>calling the housing unit that the inmate is at, and</b> 8 <b>the CO then puts that information on their tracking</b> 9 <b>sheet as well.</b> 10 Q Do you have a recollection of receiving any 11 follow-up request for information from any 12 correctional staff after you sent this special 13 precautions/management form out? 14 <b>A No.</b> 15 Q Do you have a recollection of that ever 16 happening while you were at the jail? 17 <b>A Of what happening?</b> 18 Q Receiving some kind of follow-up request 19 from jail staff asking for additional information. 20 <b>A No. There was not. I do recall, and there</b> 21 <b>was not.</b> 22 Q Do you have a memory of ever being asked 23 for additional medical or mental health information 24 about an inmate from a correctional officer or 25 booking officer or anyone?</p>

<p style="text-align: right;">78</p> <p>1       <b>A This inmate?</b> 2       Q Any inmate. 3       <b>A Yes. In the past there had been others.</b> 4       <b>They -- if they needed a -- I have. Yes. I have</b> 5       <b>been asked for further information for other</b> 6       <b>patients. Not this patient.</b> 7       Q In -- in those instances where you were 8       asked for additional medical or mental health 9       information, did you provide additional information? 10       <b>A Only what was pertinent to what they needed</b> 11       <b>to do for their job.</b> 12       Q Okay. So were -- would you place 13       limitations on that? For example, would you say: 14       I'm not able to answer this question or provide you 15       more detail because of HIPAA or because of any other 16       restrictions? 17       <b>A If that is -- was -- if that was needed.</b> 18       <b>If there wasn't -- if there was -- if I'm being asked</b> 19       <b>for something that was not needed to do their job. I</b> 20       <b>mean, like, and for instance, keeping, you know, a</b> 21       <b>15-minute watch, patient safety, things like that.</b> 22       <b>That can be. They can be -- you can do that.</b> 23       <b>Anything they -- they don't need to do their job, I</b> 24       <b>would -- I would have told them: No, I can't tell</b> 25       <b>you that.</b></p>	<p style="text-align: right;">80</p> <p>1       Q Did you believe that he was actively 2       suicidal? 3       <b>A No. At the time that I saw him, through my</b> 4       <b>clinical assessments and all -- I did not see this</b> 5       <b>patient as an actively suicidal patient.</b> 6       Q If you had seen him as actively suicidal, 7       what would -- what watch would you have placed him on 8       or what steps would you have taken? 9       <b>A It still would have been a 15-minute mental</b> 10       <b>health watch; however, it would have been full</b> 11       <b>suicide precautions. Which is Kevlar suit, Kevlar</b> 12       <b>blanket, in booking. And the COs and sergeant would</b> 13       <b>be the ones to first -- make that happen. Follow</b> 14       <b>through with that.</b> 15       <b>But I am, as an RN, able to put somebody on</b> 16       <b>a full -- that would be called a full suicide</b> 17       <b>precaution.</b> 18       Q Did you ever learn -- obviously, prior to 19       you responding to the code blue and discovering that 20       Lynas was in special housing -- were you ever 21       notified of that move from general population to 22       special housing? 23       <b>A I personally was not.</b> 24       Q Did you have any concerns, or as you sit 25       here today, do you have any concerns about that move</p>
<p style="text-align: right;">79</p> <p>1       Q Do you have any recollection of ever 2       placing any inmate on a suicide watch or close 3       observation? 4       <b>A Have I ever placed a patient on suicide</b> 5       <b>watch or close observation?</b> 6       Q Yes. 7       <b>A No.</b> 8       Q And was that because of the decision not to 9       check those boxes on this form, but instead to use 10       the miscellaneous section? 11       <b>A Yes. But determined by my supervisor,</b> 12       <b>whoever makes those decisions, of how we're going to</b> 13       <b>use this format in Sherburne County.</b> 14       Q Okay. Above your pay grade? 15       <b>A Exactly.</b> 16       Q And do you know if that was -- if that 17       information was passed on to you by your MEnD 18       supervisor, or did you learn that from the jail? 19       <b>A MEnD. My supervisor, yes.</b> 20       Q When you placed when you placed Lynas on 21       this 15-minute mental health watch, what did that 22       mean to you? 23       <b>A We're monitoring it him for his mental</b> 24       <b>health. We want him being checked on every 15</b> 25       <b>minutes.</b></p>	<p style="text-align: right;">81</p> <p>1       from general population to special housing as it 2       relates to your 15-minute watch for mental health? 3       <b>A Can you repeat the question?</b> 4       Q Maybe a better way to say it is: Did the 5       location where Lynas was housed, did that have 6       anything to do with your 15-minute mental health 7       watch? 8       <b>A At the time he was in general population.</b> 9       <b>I -- this would be speaking backyards. I don't --</b> 10       <b>I'm not going to -- I can't really comment on going</b> 11       <b>backwards.</b> 12       <b>But at the time he was in general</b> 13       <b>population. At the time of my -- and my orders as</b> 14       <b>well, he could stay in general population.</b> 15       Q That -- and that's, I guess, what I was 16       getting at. 17       You didn't feel, at least in your special 18       precautions management, that he needed to leave 19       general population and go to special housing. Is 20       that true? 21       <b>A That was -- actually, it's a provider's</b> 22       <b>order of where she wanted him for what was -- what</b> 23       <b>the patient was representing. That's -- that was her</b> 24       <b>order. She could have them in booking. She can</b> 25       <b>determine different things. But she chose to have</b></p>

<p style="text-align: right;">82</p> <p>1 him stay in general population. 2 Q Okay. 3 A It's not up to me to make the decision, 4 outside of putting someone on a full suicide watch. 5 MR. HIVELEY: That's all the questions I 6 have. 7 MS. NEARING: I have no questions. 8 FURTHER EXAMINATION 9 BY MS. BENNETT: 10 Q I have a few follow-up. 11 Which MEnD supervisor told you to use the 12 miscellaneous or mental health watch and not the 13 suicide watch? 14 A Over my span there would have been 15 multiple. For sure Michelle Skroch and Diana 16 VanDerBeek. 17 Q And as take I take it from your testimony, 18 you can't determine that the BDI score above 40 means 19 severe depression, but you can determine if an inmate 20 is actively suicidal or not, correct? 21 A Can you repeat the question? 22 MR. BENNETT: Just read it. 23 MS. BENNETT: Have you read it back. 24 (Whereupon, the record was read back by the 25 court reporter.)</p>	<p style="text-align: right;">84</p> <p>1 Q And what would constitute an actively 2 suicidal inmate? 3 A If a patient is telling me that they want 4 to kill themselves; if they -- if they're -- if 5 they're actively trying to harm themselves. There's 6 multiple -- there's multiple ways a patient can 7 represent as actively suicidal. 8 If the patient is, you know, avoiding -- 9 not looking at you. If they are, through their -- 10 through your assessment of how they are -- their 11 demeanor, their mood, their everything. You're 12 looking at the full picture. 13 And that's -- through all of this, you 14 know, through what I got from the patient, with my 15 meeting with him. Even presenting that to my 16 provider. If she believed that he needed to be on 17 full suicide prevention, she would have ordered that 18 too. All it would have been is prior to me speaking 19 with her, if I thought he was actively suicidal, I 20 could have taken those actions. 21 Q Were you aware that he had suicidal 22 ideation in the days prior to seeing you? 23 A Yes. As he stated that on his mental 24 health -- or his health assessment. And he also had 25 spoken to in the past.</p>
<p style="text-align: right;">83</p> <p>1 A I think that's two separate things. 2 Through a clinical representation of a patient, if -- 3 if they're saying -- if they're actively suicidal, I 4 can implement that. If I am assessing from my 5 nursing judgment that patient is actively suicidal, 6 I'm going to proceed with precautions. If the -- the 7 Beck Depression Inventory is a tool to see where the 8 patient is at. It's kind of two separate, I guess, 9 avenues. Or -- it's all regarding mental health, but 10 the inventory is an evaluation, not a diagnosing. 11 It's -- it's just giving a range of where they're at. 12 Q And you can't even tell what that BDI score 13 means as a nurse with MEnD. Correct? 14 MS. NEARING: Asked and answered. 15 A I already answered that. 16 BY MS. BENNETT: 17 Q And the answer was? 18 A I know that it is on the higher end of 19 severity of a Beck depression disorder. 20 Q But you're able to determine if the patient 21 is actively suicidal or not. Correct? 22 A Through my clinical represent -- you know, 23 clinical findings, I ask my nursing -- you can as -- 24 my nursing judgment, I can determine if I believe 25 someone is actively suicidal.</p>	<p style="text-align: right;">85</p> <p>1 Q And he also had thoughts of self-harm just 2 days prior to seeing you. Did you know that? 3 A Yes. 4 Q And from your conversations with Crystal 5 Waagmeester, was there an urgency with regard to the 6 mental health referral that she had you make? 7 A It wouldn't have been any different. I 8 would have -- all it was is for her -- for me to 9 place him into health referral, and that next day 10 mental health goes through and reads -- he makes his 11 triaging, triaging his in-box. 12 Q And you, as a person who saw James Lynas 13 when he had the BDI score of greater than 40, and 14 worked through these other sheets from MEnD for him, 15 did you have any expectation as when that mental 16 health -- or when he needed to be seen by mental 17 health? 18 A I'm not going -- I wasn't going to guess 19 when he was going to be seen. I -- that's up to the 20 mental health provider to make his determination. 21 Q Did you hope he would be seen before 22 November 16th? 23 A Typically, yes. With somebody on a mental 24 health watch, they're -- well, they're seen before 25 the two week packet is completed. Typically, it</p>

<p style="text-align: right;">86</p> <p>1     <b>would be a time frame I could go off of.</b> 2       Q   And you don't have any recollection of 3   Crystal saying he didn't need to complete that 4   two-week packet? 5       <b>A   She did not say that.</b> 6       MS. BENNETT: I have no further questions. 7       MS. NEARING: I do want to follow up on 8   Exhibit No. 20, on the suicide risk screening form. 9       EXAMINATION 10   BY MS. NEARING: 11       Q   Take a look at your note, if you would. 12   And is it true that Mr. Lynas denied he had any plan 13   for committing suicide? 14       <b>A   Correct.</b> 15       MR. BENNETT: Objection. Leading. 16   BY MS. NEARING: 17       Q   And is it true that he denied he had any 18   method? 19       <b>A   Correct.</b> 20       Q   And is it true that he denied that he had 21   any available means to commit? 22       <b>A   Correct.</b> 23       Q   And is it true that he denied he had any 24   time frame to go forward with the plan? 25       <b>A   Correct.</b></p>	<p style="text-align: right;">88</p> <p>1   evidence of a depressed mood? 2       <b>A   Can you repeat the question?</b> 3       Q   Sure. Have you seen other patients who are 4   depressed before, when you were working at Sherburne 5   County? 6       <b>A   Oh. Yes. Yes.</b> 7       Q   And so that was separate and distinct to 8   you than somebody who was actively suicidal? 9       <b>A   Correct.</b> 10      MS. NEARING: Okay. That's all I have. 11      FURTHER EXAMINATION 12   BY MS. BENNETT: 13      Q   Just a few follow-up. 14      Did you listen to any phone calls regarding 15   James Lynas's support system showing that that -- in 16   fact, he wasn't telling you the truth when he was 17   answering those questions for you? 18      <b>A   I don't have access to listening to his</b> 19      <b>phone calls. I can go off of what he's telling me.</b> 20      Q   Did you see any records that he was giving 21   away his personal belongings? 22      <b>A   I don't have -- I did not have access to</b> 23      <b>that. And that's not what he told me. I can only go</b> 24      <b>off of what the patient was telling me and what I</b> 25      <b>have access to.</b></p>
<p style="text-align: right;">87</p> <p>1       Q   And did he deny prior attempts? 2       <b>A   Correct.</b> 3       Q   Actual attempts? 4       <b>A   Yes. Yes.</b> 5       Q   Did he deny that he had any health concerns 6   that would have caused him to proceed with a plan? 7       <b>A   Correct.</b> 8       Q   Did he indicate he had a good support 9   system? 10      <b>A   Yes, he did.</b> 11      Q   And was his -- what is circled next to 12   "mood"? What does that mean? 13      <b>A   "Alert and oriented, times three."</b> 14      Q   And when you interviewed Mr. Lynas, was he 15   forward thinking? 16      <b>A   Yes.</b> 17      Q   Future -- 18      <b>A   Yes.</b> 19      Q   -- oriented? 20      <b>A   He was talking about the future. Talking</b> 21      <b>about his kids. Plans for the future. He was not --</b> 22      <b>he was very future oriented and when he was talking</b> 23      <b>of plans for himself and his kids.</b> 24      Q   And have you seen other patients who have 25   had a low suicide risk screening form but still have</p>	<p style="text-align: right;">89</p> <p>1       Q   And sometimes people with a plan to commit 2   suicide or are intent to commit suicide don't tell 3   the truth regarding that plan. Correct? 4       MS. NEARING: Objection. Overly broad, 5   incomplete hypothetical. 6       <b>A   That's asking me to guess if somebody has a</b> 7       <b>plan.</b> 8       MR. BENNETT: That's not -- that's -- 9       MS. NEARING: Objection. 10      MR. BENNETT: You're -- you coached this 11   witness. It's so obvious. 12      MS. NEARING: My objections are one-word 13   objections. 14      MR. BENNETT: I know. But I know what the 15   word means to her. It's obvious. She -- she doesn't 16   answer the question when you "Objection, foundation." 17      MS. NEARING: It's a legal objection. 18      MR. BENNETT: I know. 19      MS. NEARING: I'm not going to argue with 20   you. 21      MR. BENNETT: Well, I'm just telling you 22   everybody knows you're coaching your witness. Put 23   that on the record. Take that up with the judge. 24      MS. NEARING: I'm not going to argue with 25   you on the record.</p>



<p style="text-align: right;">90</p> <p>1 MR. BENNETT: That's fine. I don't care. 2 MS. NEARING: I don't know. Is there a 3 question pending? 4 MR. BENNETT: The one that wasn't pending. 5 MS. BENNETT: Yeah. 6 THE WITNESS: What's the question? 7 MS. BENNETT: Can you read it back? 8 (The following was read back by the court 9 reporter: 10 "Sometimes people with a plan to commit 11 suicide or are intent to committing suicide don't 12 tell the truth regarding that plan. Correct?") 13 <b>A I can't guess if a patient is --</b> 14 <b>(Sotto voce communication between</b> 15 <b>plaintiff's counsel.)</b> 16 MS. NEARING: Let the record reflect 17 there's so much whispering going on between opposing 18 counsel, the witness is interrupted in answering. 19 <b>A I can't guess if a patient is telling the</b> 20 <b>truth or not. What I can go off of is my assessment</b> 21 <b>of the patient, my nursing judgment, what's being</b> 22 <b>represented to me, and take the steps and actions for</b> 23 <b>the process to get him mental health help, and that's</b> 24 <b>exactly what I did.</b> 25</p>	<p style="text-align: right;">92</p> <p>1 <b>clinical picture.</b> 2 MS. BENNETT: That's all I have. 3 <b>FURTHER EXAMINATION</b> 4 <b>BY MS. NEARING:</b> 5 Q And you did that here with Mr. Lynas. Is 6 that -- 7 <b>A Yes.</b> 8 Q -- true? 9 <b>A Yes.</b> 10 MS. NEARING: That's all I have. 11 VIDEOGRAPHER: All done? 12 MS. NEARING: Okay. We'll read and sign. 13 VIDEOGRAPHER: This concludes the video 14 deposition. It is 11:00 a.m. 15 (The video deposition of ALYSSA PFEIFER was 16 concluded at 11:00 a.m.) 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">91</p> <p>1 BY MS. BENNETT: 2 Q Have you been trained or taught through 3 your education as a nurse that sometimes suicidal 4 patients won't tell you they're suicidal? 5 <b>A Yeah. Patients, they can tell you; they</b> 6 <b>don't have -- yes. They don't have to tell you.</b> 7 <b>They don't always have to tell you.</b> 8 Q And they may not -- 9 <b>A Tell you.</b> 10 Q And is it true that they might not even 11 have good insight as to the exact extent of their 12 mental health issues? 13 <b>A That's not for --</b> 14 MS. NEARING: Objection. 15 <b>A -- me to determine that, of what they --</b> 16 <b>what they can determine. I -- what I can go off is</b> 17 <b>what is presented to me in my assessments of the</b> 18 <b>patient.</b> 19 BY MS. BENNETT: 20 Q But in -- within your assessment, you're to 21 observe a patient. Right? 22 <b>A Yes.</b> 23 Q You're not just to take their word at face 24 value. Are you? 25 <b>A Correct. You are looking at the full</b></p>	<p style="text-align: right;">93</p> <p>1 2 <b>REPORTER'S CERTIFICATE</b> 3 4 I, Jane T. Doby, Registered Merit Reporter, a 5 Notary Public in and for the County of Hennepin, 6 State of Minnesota, certify that the foregoing is 7 a true record of the testimony given by ALYSSA PFEIFER, 8 who was first duly sworn by me, having been taken on 9 May 30, 2019, at Caribou Coffee, St. Cloud West, 4135 10 West Division Street, St. Cloud, Minnesota, in my 11 presence and reduced to writing in accordance with my 12 stenographic and computerized notes made at said time 13 and place; 14 15 I further certify that I am not a 16 relative or employee or attorney or counsel of any 17 of the parties or a relative or employee of such 18 attorney or counsel; 19 That I am not financially interested in 20 the action and have no contract with the parties, 21 attorneys, or persons with an interest in the 22 action that affects or has a substantial tendency 23 to affect my impartiality; 24 That the cost of the original has been 25 charged to the party who noticed the deposition, and that all parties who ordered copies have been charged at the same rate for such copies; That the witness DID request an opportunity to review the transcript. WITNESS MY HAND AND SEAL this 5th day of June, 2019.  Jane T. Doby Registered Merit Reporter Notary Public Hennepin County, Minnesota </p>

ALYSSA PFEIFER

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